

# Chain of Custody Record

To Be Used For All Types Of Analysis

BILLED TO		PROJECT INFORMATION					ANALYSIS REQUIRED								Required Turn Around Time
Name:		Sampled By:			Date Sampled:		Mold - Air	Mold - Tape / Swab	Mold - Bulk / Other	Asbestos- PLM	Asbestos- PCM	Asbestos- TEM	Lead-Paint Flame AA	Other-	1 B/Day _____
Address:		Project Name:			Job #:										2 B/Day _____
City:		Site Address:													Standard _____
State:      Zip:		City, State, Zip:													Other TAT _____
Phone No:		Site Contact:													
Fax No:		Phone No:			Fax No:										
Cell No:		Comments:													
Email:		Samples Preserved: Yes / No			Received Cold: Yes / No										
Sample #	Sample Description / Type of Work	TIME ON	TIME OFF	TOTAL TIME	FLOW RATES START      STOP										Area/Comments
Relinquished By:		Date:	Time:	Accepted By:			Date:	Time:							
Lab Report Number(s) INTERNAL USE:				Delivery Type:											
				FEDEX			UPS		Mail			Other			