

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										