

CHAIN OF CUSTODY FORM

COMPANY:		CONTACT NAME:	
PHONE:	FAX:	E-MAIL:	
ADDRESS:			

COMPANY PROJECT NO.:	
PROJECT SITE:	
COLLECTED BY:	SAMPLE DATE:

ASBESTOS TURNAROUND TIME	
Regular 24 Hrs <input type="checkbox"/>	48 Hrs <input type="checkbox"/>
Rush 2 Hrs <input type="checkbox"/>	72 Hrs <input type="checkbox"/>
Rush 4 Hr <input type="checkbox"/>	5 Days <input type="checkbox"/>
<small>SAMPLES WILL BE STORED FOR 30DAYS UNLESS SPECIAL REQUEST IS MADE REGULAR OFFICE HOURS: 10AM-5PM (MON-FRI) EXCLUDE SAT, SUN & STATUTORY HOLIDAYS</small>	

MOLD TURNAROUND TIME	
3 DAYS	<input type="checkbox"/>
1 WEEK	<input type="checkbox"/>
2 WEEKS	<input type="checkbox"/>

SERVICE REQUESTED:	BULK ASBESTOS ID BY PLM <input type="checkbox"/>	AIRBORNE ASBESTOS FIBER COUNTING BY PCM <input type="checkbox"/>	MOLD SPORE TRAP <input type="checkbox"/>	MOLD SURFACE TAPE (DME) <input type="checkbox"/>
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SAMPLE NUMBER	LOCATION	SAMPLE TYPE/ MATERIAL	FOR FIBER COUNTING ONLY		
			DATE	TIME (MIN)	FLOW RATE

RELINQUISHED BY: _____ DATE & TIME: _____ SIGNATURE: _____

RECEIVED BY: _____ DATE & TIME: _____ SIGNATURE: _____

CUSTODY SEAL INTACT: Y N INITIAL: _____ PAGE: ___ OF ___