

**CHAIN OF CUSTODY FORM**

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

COMPANY PROJECT NO.:  PROJECT SITE:   COLLECTED BY: _____ SAMPLE DATE: _____	<b>ASBESTOS TURNAROUND TIME</b>	<b>LEAD TURNAROUND TIME</b>
	REGULAR 24HRS <input type="checkbox"/> 48HRS <input type="checkbox"/> RUSH 2HRS <input type="checkbox"/> 72HRS <input type="checkbox"/> RUSH 4HRS <input type="checkbox"/> 5 DAYS <input type="checkbox"/>	3 DAYS <input type="checkbox"/>  <b>FUNGAL TURNABOUND TIME</b> 3 DAYS <input type="checkbox"/>
	SAMPLES WILL BE STORED FOR 30DAYS UNLESS SPECIAL REQUEST IS MADE  REGULAR OFFICE HOURS: 9AM-5PM (MON-FRI) EXCLUDE SAT, SUN & STATUTORY HOLIDAYS	

SERVICE REQUESTED:	BULK ASBESTOS ID BY PLM <input type="checkbox"/>	AIRBORNE ASBESTOS FIBER COUNTING BY PCM <input type="checkbox"/>	LEAD <input type="checkbox"/>	FUNGAL <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 \_\_\_