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CHAIN OF CUSTODY RECORD

Page : _____ of _____

Client:
Street Address:
City, State, Zip:
Phone:
Fax:
e-mail/Alt. Fax:
Project Number:
Project Name:
Project Location:
Project Manager:
P.O. Number:

Turn Around: Immediate: ☐ 4 Hrs: ☐ 8 Hrs: ☐ 24 Hrs: ☐ 1 Day: ☐ 2 Days: ☐ 3 Days: ☐ 5 Days: ☐

Date Due: _____ Time Due: _____ Note: Not all turn around times are available for all analysis.

OFFICE USE ONLY BELOW:

Batch No.:

Samples Acceptable: Yes: ☐ No: ☐

Checked by (Initial/Date):

QC by (Initial/Date):

Reported By (Initial/Date/Time/Method):

Comments:

Relinquished by: Date/Time:
Received by: Date/Time:
Relinquished by: Date/Time:
Received by: Date/Time:
Relinquished by: Date/Time:
Received by: Date/Time:

Client Sample Number/Description:	Date Taken	Time On	Time Off	Rate (lpm)	Volume (Liters)	Area Wiped (ft^2)	Laboratory Sample No.	PCM Asbestos	PLM Asbestos (Bulk)	PLM Point Count	PLM Gravimetric	TEM Air Asbestos	TEM Bulk Asbestos	TEM Gravimetric Asb.	TEM Microvac Asb.	TEM Water		Other:						

Comments: _____