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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: 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.	Lead Air	Lead Ambient Air	Lead Based Paint	Lead Soil	Lead Drinking Water	Lead Waste Water	Lead Wipe		TCLP Lead	TCLP RCRA Metals		Dust NIOSH 500	Dust NIOSH 600		Hexavalent Chromium		Other:

Comments: