



Chain of Custody Record

To Be Used For All Types Of Analysis

Customer Code _____

BILLED TO		PROJECT INFORMATION					ANALYSIS REQUIRED						Required Turn Around Time				
Name:		Sampled By:		Date Sampled:			PCM Asbestos Air - NIOSH 7400	PLM Asbestos Bulk - 40 CFR 763	Lead (Wipes, Air, Paint, Soil)	TEM (Air/Bulk) - AHERA/Yamate Level II	Drinking Water Asbestos/Lead	Mold - Viable / Non Viable Air / Bulk	Metals (TCLP, CAM17, STLC)	4 Hour			
Address:		Project Name:		Job #:										8 Hour			
City:		Site Address:												24 Hour			
State: Zip:		City, State, Zip:												2 Days/48 Hour			
Phone No:		Site Contact:												3 Days/72 Hour			
Fax No:		Phone No:		Fax No:										5+ Days/120 Hour			
Cell No:		Comments:												DISPOSAL			
Email:		Samples Preserved: Yes / No		Received Cold: Yes / No										<input type="checkbox"/> Customer <input type="checkbox"/> MACS <input type="checkbox"/> OTHER (Explain)			
Sample #	Sample Description / Type of Work	TIME ON	TIME OFF	TOTAL TIME	FLOW RATES START STOP									Comments / Area Social Security #			
Relinquished By:		Date:		Time:			Accepted By:		Date:		Time:						
Lab Report Number(s):					Delivery Type:					Drop Off		FedEx		Mail		Other	