Asbestos Chain of Custody

Page _____ of _____

PLM-Bulk: ☐ 1 day ♦ ☐ 2 day ♦ ☐ 3 day ♦ ☐ 5 day
☐ Immediate **(Call for quote)**
☐ **ANALYZE ALL** ♦ ☐ **POSITIVE STOP**
****Please call in advance for after-hour & weekend analysis****

PCM-Air: ☐ Immediate ♦ ☐ 1 day ♦ ☐ 2 day ♦ ☐ 5 day
TEM-Air: ☐ 6 hr ♦ ☐ 12 hr ♦ ☐ 24 hr
TEM-Bulk/Wipe/MVac: ☐ 1 day ♦ ☐ 2 day ♦ ☐ 3 day
TEM-7402/Modified: ☐ 1 day ♦ ☐ 2 day ♦ ☐ 3 day

Lab Job# _____
Lab Job# _____
Lab Job# _____

Company Name and City: _____ No. of Samples: _____

Submitter's Name: _____ Sample date: _____ P.O. No: _____

Project: _____ Project No: _____

Contact Information: Name: _____ Phone #: _____

E-mail Address: _____ Mobile #: _____

Invoice Address: _____ Fax #: _____

**** Please review paperwork and samples before submitting to lab. Uncontained / improperly packaged samples or excessive administrative requests may incur additional fees.* ***

Notes: _____

Sample No.	Sample Description	Vol. / Area	Location / Notes

Released by:	Date/Time:	Received By:	Date/Time:
Released by:	Date/Time:	Received By:	Date/Time: