

# CHAIN OF CUSTODY

<b>Client:</b>	<b>Client Project Name/Location:</b>	<b>ACT Project No:</b>	<b>Lab Batch No.:</b>
<b>TURNAROUND TIME:</b> <input type="checkbox"/> RUSH – 1 hour PCM/PLM; 4 hour Lead/IAQ <input type="checkbox"/> Same Day (in lab by 12pm/results by 5pm) <input type="checkbox"/> 24 hours (1 day) <input type="checkbox"/> 2 days ( <b>PCM/IAQ/Nuisance Dust Standard</b> ) <input type="checkbox"/> 3 days ( <b>LEAD/PLM Standard</b> ) <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days			
<b>SAMPLER:</b>	Analyze: ALL <input type="checkbox"/> or First positive <input type="checkbox"/>	Possible Hazards: Yes <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>Sample Disposal:</b> Return to Client <input type="checkbox"/> Disposal by Lab <input type="checkbox"/> <b>Due Date</b> _____

<b>LABORATORY ANALYSIS:</b>		<b>SAMPLE TYPE:</b>			
<input type="checkbox"/> IAQ <input type="checkbox"/> ASBESTOS <input type="checkbox"/> LEAD <input type="checkbox"/> OTHER _____		<input type="checkbox"/> Air <input type="checkbox"/> PCM <input type="checkbox"/> TEM <input type="checkbox"/> Bulk <input type="checkbox"/> Wipe <input type="checkbox"/> Soil <input type="checkbox"/> Paint <input type="checkbox"/> Air-O-Cell <input type="checkbox"/> Tape <input type="checkbox"/> Swab <input type="checkbox"/> Cyclax-D <input type="checkbox"/> Other _____			
Client Sample I.D.	Sample Collection Location:	Sample Collection Date	Volume Minutes x flow rate (L)	Lab I.D.:	RESULTS:

Relinquished By:	Date/Time:	Received By:	Date/Time:	<b>Client Contact Name:</b>
				Y/N _____ <b>Client Contact Phone:</b>
				Y/N _____ <b>Client Contact Fax/Email:</b>