



# Safety Environmental Laboratories and Consulting, Inc.

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*Environmental, Health, and Safety Solutions*

## Mold/Fungal Chain of Custody Form

Customer: \_\_\_\_\_

Project Number: \_\_\_\_\_

Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Location: \_\_\_\_\_

E-mail: \_\_\_\_\_

PO Number: \_\_\_\_\_

SEL Proj. #: \_\_\_\_\_

**Turn-Around Time:**  Rush/Same Day†  24 Hours  48 Hours  3 Business Days  4 Business Days  Other:

† Same day not available after 2:00 PM - Field blanks should be submitted with all samples -

Sample #	Date Sampled	Sample Description (Sampling Area or Material)	Analysis Requested				Vol. (L) / Area (cm <sup>2</sup> )	SEL USE ONLY	
			Air	Swab	Bulk	Tape		#	Cond
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**Sampled By:**  
Signature

Relinquished by:			Received By:		
Signature	Date	Time	Signature	Date	Time