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Environmental, Health, and Safety Solutions

Mold/Fungal Chain of Custody Form

Customer: _____	Project Number: _____
Address: _____	Project Name: _____
Phone: _____	Project Location: _____
Fax: _____	PO Number: _____
E-mail: _____	SELC Proj. #: _____

Turn-Around Time: Rush/Same Day* Next Day 2 Business Days 3 Business Days 4 Business Days Other:

[†] Same day not available after 12:00 PM;

- Field blanks should be submitted with all samples -

****Results will be submitted by close of business. Business Hours: Monday-Friday 8:00am-5:00 pm (CST)**

Relinquished by:

Received By:

Sampled By:

Signature

Reinquished By:	Received By:				
Signature	Date	Time	Signature	Date	Time