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Environmental, Health, and Safety Solutions

Chain of Custody Form

Customer: _____ Project Number: _____

Address: _____ Project Name: _____

_____ Project Location: _____

Phone: _____ Fax: _____ PO Number: _____

E-mail: _____ SELC Proj. #:

Sample Type

- ☐ Air
- ☐ Bulk
- ☐ Paint
- ☐ Soil
- ☐ Waste
- ☐ Other:

Asbestos Analysis

- ☐ Asbestos Air - PCM
- ☐ Asbestos Air - TEM
- ☐ PLM*
- ☐ PLM (EPA Point Count)
- ☐ Other:

Metals Analysis

- ☐ Total Conc. - Lead
- ☐ Total Conc. - RCRA 8-Metals
- ☐ TCLP - Lead
- ☐ TCLP - RCRA 8-Metals
- ☐ TCLP - Full (w/ organics)
- ☐ Other:

Turn-Around Time**

- ☐ Rush/Same Day†
- ☐ Next Day
- ☐ 2 Business Days
- ☐ 3 Business Days
- ☐ 4 Business Days
- ☐ Other:

- Field blanks should be submitted with all samples -

** EPA-Appendix E to Subpart E of 40 CFR Part 763, EPA Method 600/R-93/116.*
*** Some TAT not available for all tests. Must schedule rush organics, multi-metals, and weekend tests in advance. Results will be submitted by close of business (5:00pm Central Standard Time) Business Hours: Monday-Friday 8:00am-5:00pm CST † Same day not available after 12:00 PM.*

Sample #	Date Sampled	Sample Description (e.g. Employee Name, SSN, Bldg, Material)	Area Wiped (ft^2)	Type ‡ A/B/P/E	Time of Sampling		Flow Rate (L/min)		Total Vol. (L)	SELC USE ONLY	
					Start	Stop	Start	Stop		#	Cond

‡ A - Area, B - Blank, P - Personal, E - Excursion

Sampled By:

Signature

_____

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

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