



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: _____

PO Number: _____

E-mail: _____

SELCL Proj. #: _____

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

[†] Same day not available after 2:00 PM;

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

- Field blanks should be submitted with all samples -

Sample #	Date Sampled	Sample Description (Sampling Area or Material)	Analysis Requested				Vol. (L) / Area (cm ²)	SELCL 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"/>			
			<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"/>			

Relinquished by:

Received By:

Sampled By:
Signature

Signature	Date	Time	Signature	Date	Time