



CHAIN OF CUSTODY RECORD

Customer: _____ Street Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ e-mail: _____ Project Number: _____ Project Name: _____ Project Location: _____	Turn Around Time: Same Day: <input type="checkbox"/> 1 Day: <input type="checkbox"/> 2 Days: <input type="checkbox"/> 5-7 Days: <input type="checkbox"/> Date Due: _____ Note: Not all turn around times are available for all analysis.	<div style="background-color: #cccccc; text-align: center; padding: 2px;">OFFICE USE ONLY BELOW:</div> Relinquished by: _____ (Signature) Date/Time: _____ Received by: _____ (Signature) Date/Time: _____ Work Order / Batch No.: _____ Samples Acceptable: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Checked by (Initial/Date): _____ Comments: _____
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Sample Number/Description:	Date Collected	Time Collected	Date & Time Fixture last used *	Area Wiped (ft ²)**	Laboratory Sample No.	Lead Drinking Water	Lead Based Paint	Lead Wipe	Lead Soil	Homeowners Suite (Soil)	Asbestos (PLM)	Microbiology, Non-Viable	Microbiology, Viable

Comments: _____

* For Lead in Drinking Water Analysis ** For Lead Wipe Analysis