



CHAIN OF CUSTODY

CLIENT INFORMATION:

Contact Name: _____

Company Name (if applicable): _____

Address: _____ City/Postal: _____

Phone Number: (_____) _____ Email: _____

TYPE OF ANALYSIS:

- Asbestos Bulk by PLM – EPA/600/R93-116
- Asbestos Air by PCM – NIOSH 7400*
- Mould Bulk by Direct Microscopic Examination (DME)
- Mould Air by Direct Microscopic Examination (DME)*
- Lead Bulk by X-Ray Fluorescence (XRF)

TURNAROUND TIME: 1 hour 4 hours 1 day 2 days 1 week Other: _____

SAMPLE AND JOB SITE INFORMATION:

Project Address: _____ City/Postal: _____

Project Name / Project Number (if applicable): _____

Date Sampled: _____ Lab Number: _____

Special Instructions: _____

Sample Collector: _____ Sample Submitter: _____

Sample #	Sample Location	Material Type or Air Sample Type	Asbestos Air and Mould Air Only*	
			Time (min)	Flow Rate (L/min)

Client is solely responsible for the collection and representativeness of all submitted samples as per guidelines by WorkSafe BC and/or other governing agencies. Only materials listed on the Chain of Custody form will be analyzed. Additional layers within a sample are analyzed as separate samples. All samples will be disposed of after 30 days. Sample results and dates cannot be altered after generating the Certificate of Analysis (COA). Other changes must be requested in writing. No refunds on samples already analyzed. Complete a separate Chain of Custody form for each type of analysis. Note any special requests such as STOP POSITIVE and provide details. Use "CONTINUATION PAGE" if needed.

Client's Signature: _____ Date/Time Submitted: _____

Received by: _____ Date/Time: _____ Paid \$ _____ by _____

Internal Use Only:
 Uploaded - Date: _____, Initials: _____ COA Filed - Date: _____, Initials: _____
 Sample Log - Date: _____, Initials: _____ QC Checked - Date: _____, Initials: _____
 Results - Date: _____, Initials: _____

