



# CHAIN OF CUSTODY

## ASBESTOS SAMPLING

Criterion Project #  
(Laboratory use only)

<b>Customer Information</b>	Company Name:		<b>Billing Information</b>	Company Name <input type="checkbox"/> Same as customer info	
	Contact Name:			Billing Contact:	
	Street Address:			Street Address:	
	City, State, ZIP:			City, State, ZIP:	
	Country:	Phone:		Country:	Phone:
	Email(s) for Report:			Email(s) for Invoice:	

Site Information	
Site Street Address:	City, State, ZIP:

Turnaround Time (TAT)							
<input type="checkbox"/> 3-Hour	<input type="checkbox"/> 6-Hour	<input type="checkbox"/> 24-Hour	<input type="checkbox"/> 48-Hour	<input type="checkbox"/> 72-Hour	<input type="checkbox"/> 96-Hour	<input type="checkbox"/> 1-Week	<input type="checkbox"/> 2-Week

Sample Information			
Selection	Matrix	Method	Instrument
<input type="checkbox"/>	Bulk/Building Material	EPA/600/R-93/116	Polarized Light Microscope
<input type="checkbox"/>	Bulk/Building Material	Point Count	Polarized Light Microscope
<input type="checkbox"/>	PCM Cassette	NIOSH 7400	Phase Contrast Microscope

Sample #	Sample Description (Bulk)	Sample Location	Volume/ Area (PCM)	Flow Rate (PCM)	Start/Stop Times (PCM)	Sample	
						Date	Time
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Printed Name of Sampler:	Date/Time:
Relinquished by:	Date/Time:
Comments:	



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