



CHAIN OF CUSTODY

LEAD SAMPLING

Criterion Project #
(Laboratory use only)

Customer Information	Company Name:		Billing Information	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"/>	Surface Wipe	SW 846-6010D	ICP-OES
<input type="checkbox"/>	Paint Chips	SW-846-7000B	Flame Atomic Absorption
<input type="checkbox"/>	Soil	SW-846-7000B	Flame Atomic Absorption
<input type="checkbox"/>	Airborne	NIOSH 7082	Flame Atomic Absorption
<input type="checkbox"/>	Drinking Water	EPA 200.9	ICP-OES
<input type="checkbox"/>	Paint (XRF)		X-ray Fluorescence (XRF)
<input type="checkbox"/>	Soil (XRF)		X-ray Fluorescence (XRF)

Sample #	Sample Location	Volume/Area (Airborne/Surface Wipes)	Flow Rate (Airborne)	Start/Stop Times (Airborne)	Sample	
					Date	Time
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Printed Name of Sampler:	Date/Time:
Relinquished by:	Date/Time:
Comments:	



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Sample #	Sample Location	Volume/Area (Airborne/Surface Wipes)	Flow Rate (Airborne)	Start/Stop Times (Airborne)	Sample	
					Date	Time
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