



# Chain of Custody

Criterion Project #  
(Laboratory use only)

Customer Information		Billing Information		Turn Around Time (TAT)
Company Name:		Company Name: <input type="checkbox"/> Same as customer info		
Contact Name:		Contact Name:		
Street Address:		Street Address:		
City, State, ZIP:	Country:	City, State, ZIP:	Country:	
Phone:	Email(s) for Report:	Phone:	Email(s) for Invoice:	
Project Information				
Street Address:		City, State, ZIP:		
Contract Information				
Criterion Proposal # (if applicable):		P.O. Number associated with Project (if applicable):		

- 3-Hour\* (Note 1)
- 6-Hour\* (Note 2)
- 24-Hour
- 48-Hour
- 72-Hour
- 96-Hour
- 1-Week
- 2-Week

**Notes:** Note 1: 3-Hour samples must be dropped off before 12:00pm for same day results      Note: Specific TATs depend on test requested; not all TATs are available for all analyses.  
 Note 2: 6-Hour samples must be dropped off before 9:00am for same day results      Note: Analyses with a "\*" can be analyzed for PA DEP compliance

Asbestos Testing	Lead Testing	Environmental Microbiology Testing	Water Testing
<p><b><u>Air</u></b></p> <input type="checkbox"/> NIOSH 7400 (PCM) <p><b><u>Bulk Building Materials</u></b></p> <input type="checkbox"/> EPA 600/R-93/116 (PLM) <p><b><u>Soil, Dust, Vermiculite</u></b></p> <input type="checkbox"/> ASTM D7521 (Sieve Method)	<p><b><u>Wipes, Paint, Air</u></b></p> <input type="checkbox"/> Air NIOSH 7082 <input type="checkbox"/> Paint Chips SW-846-7000B <input type="checkbox"/> Soil SW-846-7000B <input type="checkbox"/> Settled Dust Surface Wipes SW-846-7000B (Complies with City of Philadelphia) <input type="checkbox"/> Colorimetric <p><b><u>X-Ray Fluorescence</u></b></p> <input type="checkbox"/> Paint ASTM F2853-10	<p><b><u>Air</u></b></p> <input type="checkbox"/> Air-O-Cell ASTM D7391 <input type="checkbox"/> Bioaerosols Fungi CLI-340 <input type="checkbox"/> Bioaerosols Bacteria CLI-340 <p><b><u>Bulk/Swab/Surface Samples</u></b></p> <input type="checkbox"/> Identification of Fungal Structures with Direct Examination collected by Tape Lift, Bulk, Swab, Wipe ASTM D7658 <p><b><u>Endotoxin</u></b></p> <input type="checkbox"/> Bacterial Endotoxins CLI-403	<p><b><u>Organic and Inorganic Contaminants</u></b></p> <input type="checkbox"/> Individual Elements EPA 200.5* (Pb, Cu, As, Ba, Be, Cd, Cr, Se, Ag, & Mn) <input type="checkbox"/> Lithium (Li) EPA 200.7 <input type="checkbox"/> Inorganic Ions EPA 300.1* <input type="checkbox"/> Purgeable Organic Compounds (VOCs) EPA 524.4* <input type="checkbox"/> PFO, PFOS EPA 533* <input type="checkbox"/> PFAS25 EPA 533* <input type="checkbox"/> Select PFAS Compounds EPA 537.1* <input type="checkbox"/> Haloacetic Acid & Dalapon EPA 552.3* <p><b><u>Microbiological Contaminants</u></b></p> <input type="checkbox"/> Heterotrophic Plate Count (HPC) EPA SM9215B* <input type="checkbox"/> Coliform/E. coli via Colilert (Presence/Absence) EPA SM9223*
<b>Indoor Air Quality (IAQ) Testing</b>			
<p><b><u>Dust Characterization</u></b></p> <input type="checkbox"/> EPA 600/R-93/116 and SM D7391-09	<p><b><u>Nuisance and Respirable Dust</u></b></p> <input type="checkbox"/> Respirable Dust (Inclusive of Diesel Particulate Matter) NIOSH 0500	<b>Other (Specify):</b>	
		<input type="checkbox"/> _____ <input type="checkbox"/> _____	

**Special Instructions/Comments:**

**Relinquished by (Print/Sign):** \_\_\_\_\_ **Date / Time:** \_\_\_\_\_



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Sample #	Sample Description	Sample Location	For Air/Surface Samples				Sample	
			Start Time	Stop Time	Flow Rate	Volume/Area	Date	Time

<b>Special Instructions/Comments:</b>	
<b>Relinquished by(Sign/Print):</b>	<b>Date / Time:</b>