



ASBESTOS CHAIN OF CUSTODY

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Lab order ID <i>(Lab use only):</i>	Client code:
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Contact name:	Phone:
Company name:	Fax:
Address:	Email:
	Bill to: <input type="checkbox"/> Same <input type="checkbox"/> Different (indicate in comment** if different)
	PO#:

Project name/number:	
Sample collector:	Signature:
Relinquished by:	Date/Time:
Total number of samples:	Method of delivery <i>(office use):</i>

Type of Analysis	
B	PLM EPA 600/R-93/116 <input type="checkbox"/>
U	PLM EPA Gravimetric <input type="checkbox"/>
L	PLM 400-Point Count <input type="checkbox"/>
K	PLM 1000-Point Count <input type="checkbox"/>
POSITIVE STOP: <input type="checkbox"/>	
A	PCM NIOSH 7400
I	A Rules: <input type="checkbox"/> B Rules: <input type="checkbox"/>
R	

Turnaround Time	
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"/>
5 Business Days	<input type="checkbox"/>
7-10 Business Days	<input type="checkbox"/>

**Special Instructions/Comments

*** PLM Bulk analysis will be done in layers as per the EPA method. Please indicate if only a specific layer(s) should be analyzed.

Sample #	Description/Location	Sampling Date	Air Volume (L)

Laboratory use

Sample condition upon receipt: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable – (Explain): _____		
Received by: (Signature/Print)	Date: (MM/DD/YYYY)	Time:

