

CHAIN OF CUSTODY/ANALYTICAL REQUEST FORM
ASBESTOS (bulk) by PLM in accordance with NIOSH 9002, and
LEAD (in Paint/Glazing) by Olympus Delta Handheld XRF with
direct read PPM



Astech Job Number: _____

Client Information		Project Information	
Company Name:		PO# / Project#	
Contact Name:		Project Name:	
Address:		Project Address:	
Phone:		Contractor:	
Email / Fax:		Submitted by:	

Report Results (X):	Email:	<input type="checkbox"/>	Phone:	<input type="checkbox"/>	Pick-up:	<input type="checkbox"/>	Fax:	<input type="checkbox"/>
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Turnaround Time (TAT) Required:

Select (X)	Turnaround Time	Select (X)	Turnaround Time
<input type="checkbox"/>	Standard 3 to 5 Days	<input type="checkbox"/>	Rush 4 Hours
<input type="checkbox"/>	Rush 24 Hours	<input type="checkbox"/>	Super Rush 1 – 2 Hours

NOTE: All TAT's are based on our normal working hours of 8:00 am to 4:30 pm Monday to Friday

Samp #	Pump #	Location	Activity	Start Date	Finish Date	Risk	Fibres	Load
	Flow			Start Time	Finish Time	Resp Type	Fields	Com

Office Use Only											
Received by:				Date:			Time:			Subtotal:	
Paid by:	Cash	VISA	M/C	Debit	CHQ	INV	GST:				
Authorization Code:						Total Amount:					

P R I N T	S I G N
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