



ASBESTOS TEM LABORATORIES CHAIN OF CUSTODY

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You may also email this chain of custody to coc@asbestostemplabs.com

* denotes required field

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* denotes required field

Company:	Contact:*	Phone: *	Email: *
Address: *	City: *	State: *	Zip: * Email:
Job Site:*	Job #:	PO #:	Email:

Reporting *
 Email
 Phone
 Fax
 Mail
 FTP
 Pickup
 Billing
 Fax
 Email
 Mail
 Pre-Paid
 On Receipt:
 y:

3rd Party

Results Due: *
 2 HR
 4 HR
 6 HR
 8 HR
 24 HR
 48 HR
 3 DAY
 4 DAY
 5 DAY
 10 DAY
 Hold Samples
 After Hours:

** _____ see below

Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400A)	<input type="checkbox"/> TEM AHERA	<input type="checkbox"/> TEM CARB Mod. AHERA	<input type="checkbox"/> TEM EPA Yamate Level II	<input type="checkbox"/> TEM NIOSH 7402	<input type="checkbox"/> ISO 10312	<input type="checkbox"/> ISO 13794
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Asbestos Bulk	<input type="checkbox"/> PLM Standard (EPA 600/R-93-1)	<input type="checkbox"/> PLM 400 PC	<input type="checkbox"/> PLM 1000 PC	<input type="checkbox"/> PLM 400 PC Grav. Red.	<input type="checkbox"/> PLM 1000 PC Grav. Red.	<input type="checkbox"/> TEM EPA Qualitative	<input type="checkbox"/> TEM EPA Quantitative
	<input type="checkbox"/> TEM Chatfield (Semi-Quant)	<input type="checkbox"/> PREP ONLY		<input type="checkbox"/> Custom Analysis: **			

Asbestos Soils	<input type="checkbox"/> CARB 435 Prep Only	<input type="checkbox"/> CARB 435 PLM 400 PC	<input type="checkbox"/> CARB 435 PLM 1000 PC	<input type="checkbox"/> EPA Soil Screening Qualitative	<input type="checkbox"/> TEM EPA/CARB Quantitative
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Asbestos Dust	<input type="checkbox"/> ASTM D-5755 Fiber Count	<input type="checkbox"/> ASTM D-5756 Wt. %	<input type="checkbox"/> ASTM D-5756 Mass	<input type="checkbox"/> ASTM D-6480-99 Dust Wipe	<input type="checkbox"/> Total Particulates (Grav.)
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Asbestos Water	<input type="checkbox"/> 100.2 Potable Drinking Water <input type="checkbox"/> 100.1 Non Potable Water <input type="checkbox"/> REPORT TO STATE: EDT # _____				
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Lead/Silica	<input type="checkbox"/> Lead Paint Chips	<input type="checkbox"/> Lead Dust Wipe	<input type="checkbox"/> Lead Air Cassette	<input type="checkbox"/> Lead Soil	<input type="checkbox"/> Silica Dust Airborne by NIOSH 7500	<input type="checkbox"/> Crystalline Silica (Single Species)	<input type="checkbox"/> Silica Dust Bulk by NIOSH 7500	<input type="checkbox"/> Crystalline Silica in Bulk (Single Species)
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Sample Storage	<input type="checkbox"/> No Test, Hold Until: _____ <input type="checkbox"/> Test AND Hold Until: _____ All samples will be held for 3 months from the date of receipt at ATEM. Additional sample storage time may be obtained through ATEM Customer Service.
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Custom Order	<input type="checkbox"/> Sensitivity: _____ <input type="checkbox"/> Composite 8 Hour TWA <input type="checkbox"/> Special Instructions:										
REANALYSIS	Original Login/Lot # _____ / _____ New Analysis Type: _____ TAT: _____ Special Instructions: _____										
Sample # *	Sample Type	Date Collected	Time On	Time Off	Total Time (min)	Flow Rate (lpm)			Volume or Area Sampled	Hold Sample	Description *
						On	Off	Average			
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
Submitted By *						Received By					
Date/Time Submitted						Date/Time Received					
Date/Time Submitted *						Date/Time Received					
Date/Time Submitted						Date/Time Received					
Submitted By						Received By					
Date/Time Submitted						Date/Time Received					

**** Any special instructions, RUSH results or Custom Analysis, you must clarify these specifications AND, of more importance, contact us here at ATEM ahead of time to manage scheduling to meet your requests. Drop off and processing of samples after hours cannot be accommodated without proper notification from you, and confirmation by ATEM staff.**