ASBESTOS TEM LABORATORIES CHAIN OF CUSTODY

CALIFORNIA: 600 Bancroft Way, Suite A, Berkeley, CA 94710 Phone (510) 704-8930 Fax (510) 704-8429
NEVADA: 1350 Freeport Blvd. #104, Sparks, NV 89431 Phone (775) 359-3377 Fax (775) 359-2798
You may also email this chain of custody to coc@asbestostemlabs.com **** 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:	□ *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	□ PCM (NIOSH 7400A	□ TEM AHERA	□ TEM CARB Mod. AHERA	□ TEM EPA Yamate Level II	□ TEM NIOSH 7402	□ ISO 10312	□ ISO 13794							
Asbestos Bulk	□ PLM Standard (EPA 600/R-93-1)	□ PLM 400 PC	□ PLM 1000 PC	□ PLM 400 PC Grav. Red.	□ PLM 1000 PC Grav. Red.	□ TEM EPA Qualitative	□ TEM EPA Quantitatve							
	□ TEM Chatfield (Semi-Quant)	□ **PREP ONLY**	□ **Custom Analysis:** **											
Asbestos Soils	□ CARB 435 Prep Only	□ CARB 435 PLM 400 PC	□ CARB 435 PLM 1000 PC	□ EPA Soil Screening Qualitative	□ TEM EPA/CARB Quantitative									
Asbestos Dust	□ ASTM D-5755 Fiber Count	□ ASTM D-5756 Wt. %	□ ASTM D-5756 Mass	□ ASTM D-6480-99 Dust Wipe	□ Total Particulates **(**Grav.**)**									
Asbestos Water	□ 100.2 Potable Drinking Water	□ 100.1 Non Potable Water	□ REPORT TO STATE: EDT # _____											
Lead/Silica	□ Lead Paint Chips	□ Lead Dust Wipe	□ Lead Air Cassette	□ Lead Soil	□ Silica Dust Airborne by NIOSH 7500	□ Crystalline Silica (Single Species)	□ Silica Dust Bulk by NIOSH 7500	□ Crystalline Silica in Bulk (Single Species)						
Sample Storage	□ No Test, Hold Until: _____	□ 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.*												
Custom Order	□ Sensitivity: _____	□ Composite	**8 Hour TWA** □	**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**			
										□	
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Submitted By *	**Received By**
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.*