



# ATEM LABORATORIES CHAIN OF CUSTODY

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**\* denotes required field**

| Company:              |   |                                |   | Contact:*                     |  |                                 |   | Phone: *                         |  |                                     |  | Email: *                           |   |  |  |
|-----------------------|---|--------------------------------|---|-------------------------------|--|---------------------------------|---|----------------------------------|--|-------------------------------------|--|------------------------------------|---|--|--|
| Address: *            |   |                                |   | City: *                       |  |                                 |   | State: *                         |  |                                     |  | Zip:                               |   |  |  |
| Job Site:*            |   |                                |   | Job #:                        |  |                                 |   | PO #:                            |  |                                     |  | Email:                             |   |  |  |
| Reporting *           | <input type="checkbox"/> Email  | <input type="checkbox"/> Phone | <input type="checkbox"/> Fax                                | <input type="checkbox"/> Mail | <input type="checkbox"/> Pickup  | Billing                         | <input type="checkbox"/> Email                            | <input type="checkbox"/> Fax     | <input type="checkbox"/> Mail  | <input type="checkbox"/> Pre-Paid   | Billing Email:   |                                    |   |  |  |
| Results Due:*         | <input type="checkbox"/> 2 HR <input type="checkbox"/> 4 HR <input type="checkbox"/> 6 HR <input type="checkbox"/> 8 HR <input type="checkbox"/> 24 HR <input type="checkbox"/> 48 HR <input type="checkbox"/> 3 DAY <input type="checkbox"/> 5 DAY <input type="checkbox"/> 10 DAY <input type="checkbox"/> Hold Samples (Until _____) |                                |   |                               |  |                                 |   |                                  |  |                                     | <input type="checkbox"/> After Hours: **   |                                    |   |  |  |
| Asbestos Air          | <input type="checkbox"/> PCM NIOSH 7400 <input type="checkbox"/> A <input type="checkbox"/> B   |                                | <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 | <input type="checkbox"/> Sensitivity _____  |  |  |
| Asbestos Bulk         | <input type="checkbox"/> PLM Standard (EPA 600/R-93-1)  |                                | <input type="checkbox"/> PLM 400 Point Count                |                               | <input type="checkbox"/> PLM 1000 PC   |                                 | <input type="checkbox"/> PLM 400 PC Gravimetric Reduction |                                  | <input type="checkbox"/> PLM 1000 PC Grav. Red.  |                                     | <input type="checkbox"/> TEM EPA Qualitative   |                                    | <input type="checkbox"/> TEM EPA Quantitative   |  |  |
| Asbestos Soils        | <input type="checkbox"/> CARB 435 Prep Only   |                                | <input type="checkbox"/> CARB 435 PLM                       |                               | <input type="checkbox"/> 400 PC  | <input type="checkbox"/> 800 PC | <input type="checkbox"/> 1000 PC                          | <input type="checkbox"/> 1200 PC | <input type="checkbox"/> EPA Soil Screening Qualitative  |                                     | <input type="checkbox"/> TEM-NOA EPA/CARB Quantitative   |                                    | <input type="checkbox"/> Erionite   |  |  |
| 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 Dust Wipe            |                                  | <input type="checkbox"/> Total Particulates (Gravimetric)  |                                     |  |                                    |   |  |  |
| Asbestos Water        | <input type="checkbox"/> 100.2 Potable Drinking Water   |                                | <input type="checkbox"/> 100.1 Non Potable Water            |                               | <i>note that 100.2 will be used for all water samples unless otherwise requested</i> |                                 |   |                                  |  |                                     |  |                                    |   |  |  |
| Lead/Silica           | <input type="checkbox"/> Lead Paint Chips<br>EPA-SW-846 7000B   |                                | <input type="checkbox"/> Lead Dust Wipe<br>EPA-SW-846 7000B |                               | <input type="checkbox"/> Lead Air<br>NIOSH 7082                                      |                                 | <input type="checkbox"/> Lead Soil EPA-<br>SW-846 7000B   |                                  | <input type="checkbox"/> Crystalline Silica Air (NIOSH 7500)<br><input type="checkbox"/> Single Species <input type="checkbox"/> All Species |                                     | <input type="checkbox"/> Crystalline Silica in Bulk (NIOSH 7500)<br><input type="checkbox"/> Single Species <input type="checkbox"/> All Species |                                    | <input type="checkbox"/> Respirable Crystalline Silica in Bulk (NIOSH 7500)<br><input type="checkbox"/> Single Species <input type="checkbox"/> All Species |  |  |
| Custom/Other          | <input type="checkbox"/> Custom Analysis **   |                                |   |                               |  |                                 | <input type="checkbox"/> TEM Chatfield (Semi-Quant)       |                                  | <input type="checkbox"/> NIOSH 0500  | <input type="checkbox"/> NIOSH 0600 | <input type="checkbox"/> TTLC  | <input type="checkbox"/> STLC      | <input type="checkbox"/> TCLP   |  |  |
| Special Instruct.     | <input type="checkbox"/> Composite  |                                | <input type="checkbox"/> Prep Only                          |                               | <input type="checkbox"/> 8 Hour TWA  |                                 | Other **  |                                  |  |                                     |  |                                    |   |  |  |
| 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"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
|                       |   |                                |   |                               |  |                                 |   |                                  |  | <input type="checkbox"/>            |  |                                    |   |  |  |
| Submitted By *        |   |                                |   |                               |  | Received By                     |   |                                  |  |                                     |  |                                    |   |  |  |
| Date/Time Submitted * |   |                                |   |                               |  | Date/Time Received              |   |                                  |  |                                     |  |                                    |   |  |  |
| Submitted By          |   |                                |   |                               |  | Received By                     |   |                                  |  |                                     |  |                                    |   |  |  |
| Date/Time Submitted   |   |                                |   |                               |  | Date/Time Received              |   |                                  |  |                                     |  |                                    |   |  |  |

\*\* For 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. **This includes dropping off samples for rush, same day analysis.** Drop off and processing of samples after hours cannot be accommodated without proper notification from you, and confirmation by ATEM staff. 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.