

Chain of Custody

Environmental Testing & Training NorthWest
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 971.303.TEST (8378)

Contractor Name & Address:		PO / Job#:		Date:		
		<i>Turn Around Time: Rush / 1 Day / 2 Day / 3 Day / 4 Day / 5 Day</i>				
		<input type="checkbox"/> PCM: (Air Clearance) (Personal PPE) (Point Count)				
		<input type="checkbox"/> PLM: Asbestos				
Contact:		<input type="checkbox"/> TEM Air: (Asbestos) <input type="checkbox"/> TEM Bulk:				
(*) Phone:	Fax:	<input type="checkbox"/> Radon Test				
(*) E-mail:		<input type="checkbox"/> Mold		<input type="checkbox"/> Special Project (Sulphur)		
(*) Property Owner / Resident Name:		<input type="checkbox"/> Metals Analysis: (Lead PPM) (TCLP) (TCLP / RCRA 8) _____ _____				
(*) Site Address:		_____				
(*) City - State:		Report Via: <input type="checkbox"/> E-Mail <input type="checkbox"/> US Mail <input type="checkbox"/> Verbal				
(*) Sample ID	Date / Time	(*) Sample Location / Description	FOR AIR SAMPLES ONLY			Sample Area / Air Volume
			Time On/Off	Avg. LPM	Total Time	
(*) Sampled By:		Date:		Time:		
Shipped Via: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> US Mail <input type="checkbox"/> Drop Off			**** (*) = Please Provide ****			
(*) Relinquished By: Print Name:		(*) Relinquished By: Signature:		(*) Date / Time:		
Received By:		Received By:		Received By:		
Date / Time:		Date / Time:		Date / Time:		
Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		