



## CHAIN OF CUSTODY INDOOR AIR QUALITY LAB SERVICES

Please print all information legibly.

<i>Company:</i>	<i>Bill To:</i>
<i>Address 1:</i>	<i>Address 1:</i>
<i>Address 2:</i>	<i>Address 2:</i>
<i>City, State:</i>	<i>City, State:</i>
<i>Zip Code:</i>	<i>Zip Code:</i>
<i>Country:</i>	<i>Country:</i>
<i>Contact Name:</i>	<i>Attention:</i>
<i>Contact Phone:</i>	<i>Contact Phone:</i>
<i>Fax Number:</i>	<i>Fax Number:</i>
<i>Email:</i>	<i>Email:</i>
<i>Project Client:</i>	<i>Project Name:</i>
<i>Project Address:</i>	<i>Project Number:</i>
<i>Sampled By:</i>	<i>Sampling Date:</i>

Test Type:  AOC  Bulk/Tape Lift

Turnaround Time:  3-Hour  6-Hour  24-Hour  48-Hour  72-Hour

SAMPLE ID	LOCATION	Liters Per Minute	Minutes Sampled	COMMENTS

Released By/Date/Time	Received By/Date/Time
COMMENTS	