



CHAIN OF CUSTODY FORM

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Lab Batch Number:		Number Of Samples:	
Client Name:		Project Number:	
Client Address:		Project Location:	
Project Manager:		Turnaround Time:	<input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 8 hours
Main Phone:	Ext: <input type="text"/>		<input type="checkbox"/> 24 hours <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 5 days
Cell Phone:			<input type="checkbox"/> Rush
Email:		Delivery:	Ref#:
Fax:		Reporting Method:	<input type="checkbox"/> Email <input type="checkbox"/> Call Main Phone <input type="checkbox"/> Fax
Special Instructions:			
Analysis Type:	Asbestos Air PCM: <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> NIOSH 7400 B Rules (Fiber Glass) Asbestos Bulk: <input type="checkbox"/> PLM(EPA 600/R-93-116) <----Check this for asbestos testing Asbestos Bulk Point Count: <input type="checkbox"/> PLM(EPA 600/R-93-116) Counts: <input type="checkbox"/> 400 <input type="checkbox"/> 1000 <input type="checkbox"/> Other: _____ Rotameters: <input type="checkbox"/> Lead <input type="checkbox"/> PCM		

Seq#	Lab ID	Client Sample ID	A/R	Description / Location / Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

	Print Name	Signature	Company	Date	Time
Sampled by:					
Relinquished by:					

(-----For Lab Use Only-----)

	Print Name	Signature	Company	Date	Time
Received by:			AIH Laboratory		
Analyzed by:			AIH Laboratory		
Reported by:			AIH Laboratory		