



## TOTAL SAFETY SERVICES INC. LABORATORY CHAIN OF CUSTODY FORM

Pacific Project #:	Date:	Time:
Name:	Contact:	
Address:	Fax:	
Telephone:	Email:	

<b>ASBESTOS BULK PLM</b>	<input type="checkbox"/> <b>ASBESTOS AIR 24 HOUR</b>	<input type="checkbox"/> <b>INTERPRETIVE REPORT</b>
<input type="checkbox"/> 4 HOURS	<b>FUNGAL AIR (SPORE TRAPS)</b>	<b>FUNGAL BULK &amp; TAPE LIFTS</b>
<input type="checkbox"/> 24 HOURS	<input type="checkbox"/> 4 HOURS	<input type="checkbox"/> 4 HOURS
<input type="checkbox"/> 72 HOURS	<input type="checkbox"/> 24 HOURS	<input type="checkbox"/> 24 HOURS
	<input type="checkbox"/> 48 HOURS	<input type="checkbox"/> 48 HOURS
<input type="checkbox"/> <b>OTHER (PLEASE SPECIFY)</b> _____		

Phone <input type="checkbox"/>	Fax <input type="checkbox"/>	E-mail <input type="checkbox"/>	Mail <input type="checkbox"/>
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<b>PROJECT NUMBER / PO#</b>	
<b>ADDRESS OF SITE</b>	
<b>DATE SAMPLED</b>	

	Sample Identification	Material
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Relinquished By: <b>(PLEASE PRINT)</b>	Received By:
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