

TOTAL SAFETY SERVICES INC. LABORATORY SERVICES CHAIN OF CUSTODY FORM

Office Use Only:					
Project #:	Batch # Receiv		Received:	ved:	
	Date: Time:			Personnel Initials:	
10				Cambasti	
Name/Company:				Contact:	
Address:				•	
Address.					
Telephone:		Email:			
☐ Asbestos Bulk	☐ Asbestos Air	Lead	□ Fı	ungal Air	☐ Fungal bulk
/ Nobestos Bank	7.55656557111			angai 7 m	
OTHER (PLEASE SPECIFY):					
Same Day Next (1) Day				Five /	SI Day
Same Day Next (1) Day Five (5) Day *Same day service may be available for Lead, Fungal Air & Fungal Bulk with prior arrangements. Same day samples/payment mu					•
Samples are not considered received until submitted into custody of Total Safety Laboratory Services.					
	RESULT I	NOTIFICATION (Plea	se select belo	ow)	
□Phone: □Pick-Up: □Email:					
PROJECT NUMBE	ER / PO#:				
CITE ADDRESS /re	aquired):				
SITE ADDRESS (required):					
DATE SAMPLED (required):					
	•				
Sample Identification (Floor / Room / specific location)				Mate	rial
				IVIACO	iiidi
1.					
2.					
2					
3.					
4.					
5.					
6.					
7.					
		<u> </u>	to volin muint		Time valiantished
(Relinquished By:)			<mark>te relinquish</mark>		Time relinquished:
Please sign here - Required			Date require	rd	Time required
					Page of

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