



METALS CHAIN OF CUSTODY

Turn Around Time

- 2 Hour 4 Hours 24 Hours
- 2 Days 3 Days 4 Days
- 5 Days 6-10 Days

Please call for TAT less than 24 Hours

Laboratory | Management | Training

Company _____

Project Manager _____

Address _____

Cell () - _____

Email _____

Phone _____

Fax () - _____

Project Name/Number	Project Location
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- | | | | | | | |
|---------------------------------------|-------------------------------------|---|--|-------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Total Metals | <input type="checkbox"/> FAA (ppm) | <input type="checkbox"/> Air Filter | <input type="checkbox"/> Paint Chips (%) | <input type="checkbox"/> Soil | RCRA 8 | RCRA 11 |
| <input type="checkbox"/> TCLP | <input type="checkbox"/> ICP (PPM) | <input type="checkbox"/> Paint Chips (cm) | <input type="checkbox"/> Dust Wipes | | <input type="checkbox"/> Barium <input type="checkbox"/> Chromium <input type="checkbox"/> Silver | <input type="checkbox"/> Copper |
| | <input type="checkbox"/> GFAA (ppb) | <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Waste Water | | <input type="checkbox"/> Arsenic <input type="checkbox"/> Mercury <input type="checkbox"/> Lead | <input type="checkbox"/> Zinc |
| | <input type="checkbox"/> CVAA (ppb) | <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Selenium <input type="checkbox"/> Cadmium | <input type="checkbox"/> Other _____ |

Reporting Instructions _____
<input type="checkbox"/> Call () - _____ <input type="checkbox"/> Fax () - _____ <input type="checkbox"/> Email _____

Total Number of Samples _____

	Sample ID	Description	A/R
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

	Print Name	Signature	Company	Date	Time
Sampled by					
Relinquish by					

Office Use Only

	Print Name	Signature	Company	Date	Time
Received by					
Analyzed by					
Called by					
Faxed/Email by					