



MOLD CHAIN OF CUSTODY

See Inset Top

1 Step 21 Steps 31 Steps

2 Steps 3 Steps 4 Steps

5 Steps

Please call for 30 Year Plan 24 Hours

Company _____ Project Manager _____
 Address _____ Cell _____
 _____ Email _____
 Phone _____ Fax _____

| | |
|---------------------|------------------|
| Project Name/Number | Project Location |
|---------------------|------------------|

- Air - Non-Viable - Direct Count • Bulk - Non-Viable - Direct Count • Air - Viable
 - Method Spore Count - Non-Viable - air
 - Method Spore Count - Non-Viable - bulk
 - Method Viable Count - Air - Direct Count
- Bulk - Non-Viable - Direct Count
 - Method Direct Count - Bulk
 - Method Viable Count - Bulk - Direct Count
- Air - Viable
 - Method Viable Count - Air - Direct Count
 - Method Viable Count - Bulk - Direct Count

Reporting Instructions _____
 Date _____ Date _____ Email _____

Total Number of Samples _____

| Sample ID | Description | A/B |
|-----------|-------------|-----|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
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| 14 | | |
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| 16 | | |
| 17 | | |
| 18 | | |
| 19 | | |
| 20 | | |

| | | | | |
|--------------|-----------|---------|------|------|
| Sampled By | Signature | Company | Date | Time |
| | | | | |
| Revisited By | Signature | Company | Date | Time |
| | | | | |

Office Use Only

| | | | | |
|------------------|-----------|---------|------|------|
| Revised By | Signature | Company | Date | Time |
| | | | | |
| Approved By | Signature | Company | Date | Time |
| | | | | |
| Collected By | Signature | Company | Date | Time |
| | | | | |
| Revised Email By | Signature | Company | Date | Time |
| | | | | |