



PCE'S CHAIN OF CUSTODY

Test Method Type

- | | | |
|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> 1 Hour | <input type="checkbox"/> 24 Hours | <input type="checkbox"/> 4 Days |
| <input type="checkbox"/> 7 Hours | <input type="checkbox"/> 7 Days | <input type="checkbox"/> 14 Days |
| <input type="checkbox"/> 1 Hour | <input type="checkbox"/> 1 Day | <input type="checkbox"/> 10 Days |

Please call for 30 day test 30 Hours

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

Project Name/Number _____	Project Location _____
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- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PCBs Air | <input type="checkbox"/> PCBs Soil |
| <input type="checkbox"/> PCBs Water | <input type="checkbox"/> PCBs Other |

Reporting Instructions _____		
Start _____ Date _____	Stop _____ Date _____	Other _____

Total Number of Samples _____

Sample ID	Description	A/B
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

	Print Name	Signature	Company	Date	Time
Sampled By					
Requested By					

Office Use Only

	Print Name	Signature	Company	Date	Time
Received By					
Analyzed By					
Calibrated					
Revised/Retest By					