



Chain of Custody Bulk Asbestos

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Client: _____

Project Name: _____
Project No.: _____

Office Phone: _____
Cell Phone: _____
FAX / Email 1: _____

Contact 1: _____
Contact 2: _____
FAX / Email 2: _____

Special Instructions: _____

Matrix:

- | | | | |
|--------------------------------|--------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Air | <input type="checkbox"/> Soil | <input type="checkbox"/> Bulk | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Water | <input type="checkbox"/> Paint | <input type="checkbox"/> Surface Dust / Wipe | _____ |

Analysis Method:

- | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> PLM : Bulk Asbestos Building Materials EPA 600 / R 93-116 | |
| <input type="checkbox"/> PLM : Point Counting | <input type="checkbox"/> PLM : Analyze Until Positive (Positive Stop) |
| <input type="checkbox"/> PC : via ELAP 198.1 | <input type="checkbox"/> AUP : by Homogenous Area as Noted |
| <input type="checkbox"/> PC : 400 Points | <input type="checkbox"/> AUP : by Material Type as Noted |
| <input type="checkbox"/> PC : 800 Points * | |
| <input type="checkbox"/> PC : other _____ Points * | <input type="checkbox"/> PLM : Non-Building Material *, **(Dust, Wipe, Tape, Soil) |
| | <input type="checkbox"/> Soil or Vermiculite Analysis *, ** |
| <input type="checkbox"/> PLM : Gravimetric Reduction | <input type="checkbox"/> PLM: Instructions for Multi-Layered Samples |
| <input type="checkbox"/> PLM : NOB via 198.6 | <input type="checkbox"/> Analyze and Report All Separable Layers per EPA 600 |
| <input type="checkbox"/> PLM : Friable via EPA 600 2.3 | <input type="checkbox"/> Report Composite for Drywall Systems per NESHAP |
| <input type="checkbox"/> If <1% by PLM, to TEM via 198.4 * | <input type="checkbox"/> Report All Layers and Composite Where Applicable |
| <input type="checkbox"/> If <1% by PLM, Hold for Instructions | <input type="checkbox"/> Only Analyze and Report Specifically Noted Layer |

* Additional charge and turnaround may be required. ** Alternative Method (ex: EPA 600/R-04/004) may be recommended by Laboratory.

Turnaround Time:

Preliminary Results Requested By... _____ Verbals FAX Email

date / time

- 10 Day 5 Day 3 Day 2 Day 1 Day* 12 Hour** 6 Hour** RUSH**

* End of next business day unless otherwise specified. ** Matrix Dependent. Please notify the lab before shipping.

Sample Numbers:

Client #(s): _____ - _____ IATL#(s): _____ - _____ Total: _____
(start) (end) (start) (end)

Please use your sample log to supply sampling information (ex. Volumes, areas, descriptions, locations, etc.) or download forms at iatl.com

Chain of Custody:

Relinquished (Name / Organization): _____	Date: _____	Time: _____
Received (Name / IATL): _____	Date: _____	Time: _____
Sample Login (Name / IATL): _____	Date: _____	Time: _____
Sample Prep (Name / IATL): _____	Date: _____	Time: _____
Analysis(Name(s) / IATL): _____	Date: _____	Time: _____
QA/QC Review (Name / IATL): _____	Date: _____	Time: _____
Archived / Released: _____ QA/QC InterLAB Use: _____	Date: _____	Time: _____

