

Chain of Custody

Contact Information

Client Company: _____
Office Address: _____
City, State, Zip: _____
Fax Number: _____
Email Address: _____

Project Number: _____
Project Name: _____
Primary Contact: _____
Office Phone: _____
Cell Phone: _____

Matrix:

Air Soil Bulk Other _____
Water Paint Surface Dust / Wipe

Analysis Method:

PCM: NIOSH 7400
 PCM: OSHA
 PCM: TWA

Total Dust: NIOSH 0500
 Total Dust: NIOSH 0600

AAS: Lead in Air
 AAS: Lead in Water
 AAS: Lead in Paint
 AAS: Lead Dust/Wipe₁
 AAS: Lead in Soil
 AAS: TCLP
 AAS: Metals [Cd, Zn, Cr-circle]

PLM Use Bulk Asbestos Sample Log

PLM: Bulk Asbestos EPA 600
 PLM: Point Counting 198.1
 PLM: NOB via 198.6 (PLM only)
 If <1% by PLM, to TEM via 198.4 ₂

IAQ Use Mold Sample Log

IAQ: I Bioaerosol Fungal Spore Trap₃
 IAQ: II Bioaerosol Fungal Spore
 IAQ: Tape, Bulk, Misc. Qualitative₃
 IAQ: Tape, Bulk, Misc. Quantitative₃
 IAQ: Other Culturable ID₂

TEM: AHERA
 TEM: NIOSH 7402
 TEM: ISO 10312
 TEM: ISO 13794
 TEM: Wipe ASTM 6480
 TEM: Microvac ASTM D5755
 TEM: Microvac ASTM D5756
 TEM: NOB 198.4
 TEM: Bulk Analysis
 TEM: Potable Water
 TEM: Non-Potable Water
 TEM: Other _____
 Soil: Call for Available Methods

1- Requires ASTM acceptable material 2- Call to confirm TAT 3- Non-culturable 4- With Non-fungal Microscopic Exam

Special Instructions:

Turnaround Time

Preliminary Results Requested Date: _____

Verbal Email Fax

Specific 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***

Shipping Method

FedEx UPS USPS Other _____

Chain of Custody

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

Sample Log

-Bulk Asbestos -

Client: _____ Project: _____

Sampling Date/Time: _____

Bulk Asbestos Sample Log			
Client Sample #	iATL #	Location/Description	Notes

Sample Log

–Environmental Lead –

Client: _____ Project: _____

Sampling Date/Time: _____

Client Sample #	iATL #	Location/ Description	Flow Rate	Start End	Sampling time (min)	Area (ft2) Volume (L)	Results ()

* = Insufficient Sample Provided to Perform QC Reanalysis (<200mg)
 ** = Insufficient Sample Provided to Analyze (<50mg) ***= Matrix / Substrate Interference Possible
 FB = Method Requires the submittal of blank(s). ML = Multi Layered Sample. May result in inconsistent results.
 These **preliminary results** are issued by iATL to expedite procedures by clients based upon the above data. iATL assumes that all of the sampling methods and data upon which these results are based, has been accurately supplied by the client. These results may not have been reviewed by the Laboratory Director. Final Certificate of Analysis will follow these preliminary results. The signed COA is to be considered the official results. All EPA, HUD, and NJDEP conditions apply.

Sample Log

–Mold / Fungal Analysis–

Client: _____ Project _____

Mold Sample Log				
Client Sample #	iATL #	Location/Description ¹	Sample Volume or Area (units)	Notes/Conditions ²

¹ Description includes sample matrix. Location should include general area of country (see below).
 Matrix: Air Non-Viable _____ Air Viable _____ Tape _____ Swab _____ Bulk _____ Contact Plate _____ Other _____
 Location: Inside _____ Outside _____ Basement _____ Other _____
² Evaluation of Mold/Fungal Spore Samples may be aided by detailed observations and documentation of sampling conditions.
 Weather: No Precipitation _____ Light Precipitation _____ Moderate Precipitation _____ Heavy Precipitation _____
 No Wind _____ Light Wind _____ Moderate Wind _____ Heavy Wind _____
 Date/Time: _____ AM / PM
 Temperature: _____ °C / °F
 Relative Humidity: _____ %
 RH Area /General: _____ (ex. Mountains)