

## Chain of Custody -Airborne Asbestos –

| <b>Contact Information</b>                                      |                                       |                                 |
|---|---------------------------------------|---------------------------------|
|   |                                       |                                 |
| Client Company:   |                                       |                                 |
| Office Address:   | <b>Project Name:</b>                  |                                 |
| City, State, Zip:   | <b>Primary Contact:</b>               |                                 |
| Fax Number:   | Office Phone:                         |                                 |
| Email Address:  | Cell Phone:                           |                                 |
|   | <b>3 -</b>                            |                                 |
|   |                                       |                                 |
| Matrix/Method:  |                                       |                                 |
|   |                                       |                                 |
| PCM: NIOSH 7400   |                                       |                                 |
| PCM: OSHA ID-160  |                                       |                                 |
| TEM: NIOSH 7402   |                                       |                                 |
| TEM: AHERA 40 CFR 763   |                                       |                                 |
| ☐ TEM: ISO 10312  |                                       |                                 |
| TEM: ISO 13794  |                                       |                                 |
|   |                                       |                                 |
| Other   |                                       |                                 |
| Special Instructions:   |                                       |                                 |
|   |                                       |                                 |
|   |                                       |                                 |
|   |                                       |                                 |
| Turnaround Time   |                                       |                                 |
| Preliminary Results Requested Date:                             | □Verbal                               | Email Fax                       |
| Specific date / time  |                                       |                                 |
| □ 10 Day □ 5 Day □ 3 Day □ 2 Day □ 1 I                          | Day* ☐ 12 Hour** ☐ 6                  | Hour** RUSH**                   |
|   | · · · · · · · · · · · · · · · · · · · |                                 |
| * End of next business day unless otherwise specified. ** Matri | ix Dependent. ***Please no            | tify the lab before shipping*** |
|   |                                       |                                 |
| G : .6G .4.1  |                                       |                                 |
| Chain of Custody  |                                       |                                 |
| Relinquished (Name/Organization):                               | Date:                                 | Time:                           |
| Received (Name / iATL):   |                                       | Time:                           |
| Sample Login (Name / iATL):                                     |                                       | I ime:                          |
| Analysis(Name(s) / iATL):                                       | _ Date:                               | Time:                           |
| QA/QC Review (Name / iATL):                                     | Date:                                 | I ime:                          |
| Archived / Released:QA/QC InterLAB Use:                         | Date:                                 | Time:                           |



## Sample Log

-Airborne Asbestos -

| Client:             | Project: |  |  |
|---------------------|----------|--|--|
| Sampling Date/Time: |          |  |  |

| Client Sample # | iATL# | Location/<br>Description | Flow<br>Rate | Start<br>End | Sampling<br>time<br>(min) | Area (ft2)<br>Volume<br>(L) | 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.

<sup>\*=</sup> 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.