iATL INTERNATIONAL
ASBESTOS TESTING LABORATORIES

9000 Commerce Parkway, Suite B • Mount Laurel, NJ 08054
Phone: 877-428-4285/856-231-9449 • Fax: 856-231-9818

Chain of Custody

Contact Information

Client Company: _____ **Project Number:** _____
Office Address: _____ **Project Name:** _____
City, State, Zip: _____ **Primary Contact:** _____
Fax Number: _____ **Office Phone:** _____
Email Address: _____ **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/Wipe[1]
☐ 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 Bioaersol Fungal Spore Trap[3]
☐ IAQ: II Bioaersol Fungal Spore
☐ IAQ: Tape, Bulk, Misc. Qualitative[3]
☐ IAQ: Tape, Bulk, Misc. Quantitative[3]
☐ IAQ: Other Culturable ID[2]

☐ 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: _____

iATL INTERNATIONAL
ASBESTOS TESTING LABORATORIES

9000 Commerce Parkway, Suite B • Mount Laurel, NJ 08054
Phone: 877-428-4285/856-231-9449 • Fax: 856-231-9818

Sample Log

–Bulk Asbestos –

Client:_____ Project:_____

Sampling Date/Time:_____

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

iATL INTERNATIONAL
ASBESTOS TESTING LABORATORIES

9000 Commerce Parkway, Suite B • Mount Laurel, NJ 08054
Phone: 877-428-4285/856-231-9449 • Fax: 856-231-9818

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.

iATL INTERNATIONAL
ASBESTOS TESTING LABORATORIES

9000 Commerce Parkway, Suite B • Mount Laurel, NJ 08054
Phone: 877-428-4285/856-231-9449 • Fax: 856-231-9818

Sample Log

–Mold / Fungal Analysis–

Client: _____ Project_____

Mold Sample Log				
Client Sample #	**iATL #**	**Location/Description[1]**	**Sample Volune 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)