LABORATORY SCAI

CHAIN OF CUSTODY

Sheet 1 **of** 1

Sampler Name (Print):	**Client:**	**Contact Person:**
Sampler Signature:	**Address (number & street):**	**Phone:** / **Fax:**
Project Name/No.:	**City:** **State:** **Zip Code:**	**e-mail:**

SAMPLE ID #	DATE	LOCATION/DESCRIPTION	Analysis Required	LM						Air Rate	Sampled Time	Sampled Area	Sample Condition A-Accept R-Reject	Turn Around Time Regular 24hr Other	COMMENTS
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Relinquished By:	**Date:**	**Time:**	**Received By:**	**Date:**	**Time:**	**Relinquished By:**	**Date:**	**Time:**	**Received By:**	**Date:**	**Time:**
Relinquished By:	**Date:**	**Time:**	**Received By:**	**Date:**	**Time:**	**Relinquished By:**	**Date:**	**Time:**	**Received By:**	**Date:**	**Time:**

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