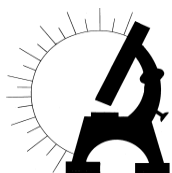


LABORATORY_____

CHAIN OF CUSTODY

Sheet of

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	/	/	/	/	/	/	/	Air Rate	Sampled Time	Sampled Area	Sample Condition A-Accept R-Reject	Turn Around Time Regular Other	COMMENTS		
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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