PCM CHAIN OF CUSTODY FORM

Client Name:	
Company Name (optional):	
Company Address:	
Project Address:	
Project Name/Number:	
Phone:	
Email:	
Date & Time:	

Type of Analysis:

☐**Asbestos Air** by PCM – (NIOSH 7400)

Turnaround Time:

☐Regular 24 hours ☐Rush Same Day

Work order Number: _____

Sample #	Location (Optional)	Air Sample Type	Date Sampled	Time (min)	Flow Rate (L/min)	Relabeled As

-Samples will be retained for four (4) weeks from the date of analysis and will be disposed of thereafter unless otherwise requested.

Signature:

Collected By: _____

Received By: _____ Date/Time: _____