

CHAIN OF CUSTODY

ANALYSIS: BULK ASBESTOS TEST ____, POINT COUNT (400) ____, POINT COUNT (1000) ____, POINT COUNT (Gravimetric) ____, Other _____

Client Name _____
 Address _____ City _____ ST _____ ZIP _____
 Phone: _____ Fax: _____ Email: _____
 Project Location: _____ Project Manager: _____
 Turn Around Time _____ Number of Samples _____ Client Job # _____
 Sample Condition: Good _____ Damaged _____ Severe Damage(Spillage) _____

SEQ#	CLIENT SAMPLE #	SAMPLE DESCRIPTION	LAB ID	A/R
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

	Print Name	Signature	Company Name	Date	Time
Sampled					
Relinquished					
Delivered					
Received					
Analyzed					
Reported					

Result reporting method: Phone ____, Fax ____, Email ____, Pick-up report ____

Seattle Asbestos Test warrants the test results to be of a precision normal for the type and methodology employed for each sample submitted and disclaims any other warrants, expressed or implied, including warranty of fitness for a particular purpose and warranty of merchantability. Seattle Asbestos Test accepts no legal responsibility for the purpose for which the client uses the test results. By signing on this form the clients agree to relieve Seattle Asbestos Test of any liability that may arise from the test results.