

BULK SAMPLE DATA AND CHAIN OF CUSTODY FORM

Asbestos Analytical Lab
51 Gage Road
East Brunswick, NJ 08816
Phone: (917) 478 - 7715
FAX: (800) 718 - 3597

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Collected By: _____ Date/Time _____

AAL BATCH #:

Relinquished By: _____ Date/Time _____

Received By: _____ Date/Time _____

Company Name:

Project Name:

Street Address:

Project Address:

City: _____ State: _____ Zip: _____

Project# _____ Project Manager _____

Phone: _____ Fax: _____

TYPE OF ANALYSIS REQUESTED

Result To: PLM NOB-PLM NOB-TEM Other:

Special Instructions
Or Comments:

TURNAROUND TIME

6 HR 12 HR 24 HR Other:

HOM. AREA	SAMPLE #	SAMPLE DESCRIPTION	SAMPLE LOCATION	FIELD COMMENTS	LABORATORY RESULT			
					PLM	PLM-NOB	TEM-NOB	Other

ANALYST (PRINT) _____ ANALYST (SIGNATURE) _____ DATE: _____ TIME: _____