



**PEL**Laboratories

# ASBESTOS CHAIN OF CUSTODY

333 Jackson Plaza Road Ann Arbor, MI 48103

877-220-3528 | [info@pellabs.com](mailto:info@pellabs.com)

For Lab Use Only

Lab No. \_\_\_\_\_

**Accept**  **Reject**

Contact Information		Project Information		Report Results(Check one)	
Company:	Phone:	Project Name:	<input type="checkbox"/>	Fax	
Contact:	Cell Phone:	Project Location:	<input type="checkbox"/>	Email	_____
Account #:	E-mail:	Project ID:	<input type="checkbox"/>	Other	_____
SAMPLED BY: Name:	Date:	P.O. Number:			

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME

REQUESTED SERVICES (Check the Appropriate Boxes)

PLM		PLM		TEM		TEM		TURNAROUND TIME	
<input type="checkbox"/>	Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/>	Vermiculite Attic Insulation (EPA 600/R 04/004)	<input type="checkbox"/>	Air- AHERA	<input type="checkbox"/>	Bulk- Presence / Absence EPA600/R-93/116	<input type="checkbox"/>	Rush
<input type="checkbox"/>	400 Point Count	<input type="checkbox"/>	Other	<input type="checkbox"/>	Air- NIOSH 7402	<input type="checkbox"/>	Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/>	Same Day
<input type="checkbox"/>	1000 Point Count	PCM		<input type="checkbox"/>	Air- ISO 10312	<input type="checkbox"/>	Dust- Presence / Absence	<input type="checkbox"/>	24 - Hour
<input type="checkbox"/>	Gravimetric Preparation			<input type="checkbox"/>	Drinking Water- EPA 100.2	<input type="checkbox"/>	Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/>	3 - Day
<input type="checkbox"/>	Particle ID	<input type="checkbox"/>	NIOSH 7400	<input type="checkbox"/>	Waste Water- EPA 600/4-83-043	<input type="checkbox"/>	Other	<input type="checkbox"/>	5 - Day

No.	Sample ID (10 Characters Max)	Description	Volume / Area (as applicable)	Comments / Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



For Lab Use Only

Lab No. \_\_\_\_\_

Accept      Reject

**Project Information**

Company:	Project Name:	Project Location:
----------	---------------	-------------------

No.	Sample ID (10 Characters Max)	Description	Volume / Area (as applicable)	Comments / Notes
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

