Submitting Company:

Lab Work Order #

Project Name:

Project Location:

Project Number:

Purchase Order No.:

Special Instructions [include requests for special reporting or data packages]:

STATE WHERE SAMPLES WERE COLLECTED:

Acct #

Phone #

FAX #

Turn Around Time

[ ] Same day*
[ ] 1 business day*
[ ] 2 business days*
[ ] 3 business days*
[ ] **STANDARD (5 bus. days)**
[ ] Standard Full TCLP (10d)
[ ] Weekend*
[ ]

*not available for all tests
Schedule rush organics, multi-metals & weekend tests in advance.

Matrix / Sample Type (Select ONE)

All samples on form should be of SAME matrix type.
Use additional forms as needed.

[ ] Air
[ ] Aqueous
[ ] Bulk
[ ] Hi-Vol Filter (PM10)
[ ] Hi-Vol Filter (TSP)
[ ] Oil
[ ] Paint
[ ] Sludge
[ ] Soil
[ ] Solid
[ ] Waste
[ ] Wastewater
[ ] Water Drinking
[ ] Compliance
[ ] Wipe
[ ] Wipe, Composite
[ ]
[ ]

Tests / Analytes (Select ALL that Apply)

Asbestos Air / Fiber Counts

[ ] PCM (NIOSH 7400)
[ ] TEM (AHERA)
[ ] TEM (EPA Level II)
[ ]

Miscellaneous Tests

[ ] Total Dust (NIOSH 0500)
[ ] Resp. Dust (NIOSH 0600)
[ ] Silica - FTIR (NIOSH 7602)
[ ] Silica - XRD (NIOSH 7500)
[ ]

Asbestos Bulk / Asb ID

[ ] PLM (EPA 600. 1982)
[ ] PLM (EPA Point Count)
[ ] PLM (Qualilative only)
[ ] NYELAP 198.1/.41.6

[ ] CAELAP (EPA Interim)
[ ] TEM (Chatfield)

FOR ASBESTOS AIR:
TYPE OF RESPIRATOR USED:

Metals-Total Conc.

[ ] Lead
[ ] RCRA Metals
[ ]

[ ]

Metals-Extract

[ ] TCLP / Lead
[ ] TCLP / RCRA Metals
[ ] TCLP / Full (w/ organics)
[ ]
[ ]

ORGANICS TESTS and other Analyses

NOTE: All samples for organics shoud be kept at 4°C until testing. Schedule rush analyses in advance. Indicate preservatives added & media type. **Indicate *analysis* method for organics tests.**

		Organics		**Wipes**		**Information for Air Samples**						**Organics**				
Sample #	Date Sampled	Time Sampled	Sample Identification (e.g. Employee, SSN. Bldg, Material)	Wiped Area (ft^2)	Type[1] A,B,P,E	Time[2] Start	Time[2] Stop	Flow Rate[3] Start	Flow Rate[3] Stop	Total Air Vol[4]	# con-tainers					

Sample Collection & Custody Information

Type: A=area B=blank P=personal E=excursion [2]Beginning/End of Sample Period [3]Pump Calibration in Liters/Minute [4]Volume in Liters [time in min × flow in L/m]

Sampled by [NAME] _____ [SIGNATURE] _____ [DATE/TIME] _____ **[ ] Sample return requested**

Relinquished to lab by [NAME] _____ [SIGNATURE] _____ [DATE/TIME] _____ **[ ] Ambient temp [ ] Cool ___°C**

Received in lab by [NAME] _____ [SIGNATURE] _____ [DATE/TIME] _____ **[ ] pH___ [ ] Cl___ [ ] R [ ] S**

[ ]FX [ ]DHL [ ]UPS [ ]USM [ ]HD [ ]DB [ ]COURIER

Unusual Sample Condition Noted:

WAYBILL#

Chain-of-Custody documentation continued internally within lab.