

Chain of Custody

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~ For Lab Use Only ~

Company Name:	Address:	Acct. Number:
City/State/Zip:	Phone: ()	Fax: ()
City/State/Zip:	E-mail:	
Testing Address:		
Collected by:	Date:	Certification Number:
Relinquished by:	Date:	Purchase Order Number:

I hereby certify that the dust wipes supplied meet ASTM E1792 and are of the brand: • Lead Wipe • Pace • Palintest • Ghost Wipes • Other (please specify) _____

Turnaround Time	Sample Type	Collection Location Abbreviations	Surface Type for Dust Wipe
Same Day - 8 hours	Single Dust Wipe = DW	FR Family Room	FL = Floor
TCLP - 3 days	Paint Chip = PC	FR Front	CP = Carpet
TCLP - 5 days	Composite Soil = CS	LR Living Room	SL = Windowsill
TCLP - 7 days	Lead in Water = H ₂ O	DN Den	WW = Window Well
		DR Dining Room	
		LT Left	
		RT Right	
		1st Fl	
		2nd Fl	
		FR Family Room	BR Bedroom

No.	Sample Type	Date Collected	Client Sample ID	Collection Location (LR, KT, LT, FR, RTRBR, etc.)	Surface Type	Dust Wipe Length x Width (in inches)	Paint Chip Length x Width (in inches)	Air Volume (Total Liters)
1						x	x	L
2						x	x	L
3						x	x	L
4						x	x	L
5						x	x	L
6						x	x	L
7						x	x	L
8						x	x	L
9						x	x	L
10						x	x	L