



TOTAL SAFETY SERVICES INC.

LABORATORY SERVICES CHAIN OF CUSTODY FORM

Office Use Only:				
Project #:	Batch #	Received:		
		Date:	Time:	Personnel Initials:

Name/Company:		Contact:	
Address:			
Telephone:		Email:	

<input type="checkbox"/> Asbestos Bulk	<input type="checkbox"/> Asbestos Air	<input type="checkbox"/> Lead	<input type="checkbox"/> Fungal Air	<input type="checkbox"/> Fungal bulk
<input type="checkbox"/> OTHER (PLEASE SPECIFY): _____				

<input type="checkbox"/> Same Day	<input type="checkbox"/> Next (1) Day	<input type="checkbox"/> Three (3) Day
<small>*Same day service may be available for Lead, Fungal Air & Fungal Bulk with prior arrangements. Same day samples must be received by 1 PM. Samples are not considered received until submitted into custody of Total Safety Laboratory Services.</small>		

RESULT NOTIFICATION (Please select below)		
<input type="checkbox"/> Phone:	<input type="checkbox"/> Pick-Up:	<input type="checkbox"/> Email:

PROJECT NUMBER / PO#:	
SITE ADDRESS (required):	
DATE SAMPLED (required):	

	Sample Identification (Floor / Room / specific location)	Material
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Relinquished By:	Date relinquished:	Time relinquished:
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	Sample Identification (Floor / Room / specific location)	Material
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32.		

Page ____ of ____



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	Sample Identification (Floor / Room / specific location)	Material
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Page ____ of ____



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	Sample Identification (Floor / Room / specific location)	Material
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Page ____ of ____



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	Sample Identification (Floor / Room / specific location)	Material
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