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LABORATORY CHAIN OF CUSTODY

LAB CLIENT: _____
 ADDRESS: _____
 Email: _____
 Phone: _____ Fax: _____
 Credit Card #: _____ EXP. _____

DATE: _____
 CONTACT NAME: _____
 PROJECT: _____
 PO#: _____

Turnaround Time: *Rush 3 hour Rush 24 hour 1-3 Days **Double Rush (Evening/Weekend surcharge applied) Time Received: _____

Sample #	Date Sampled	Asbestos				Mould			Lead			VOC	Radon	Bacteria	Silica			Time on	Time off	Flow Rate	Cassette #	LOCATION/SAMPLE DESCRIPTION	
		Bulk Dry (PLM)/NIOSH 9002	Bulk Dry (PLM)/EPA/600/R-93/116	Point Ct. 200 <input type="checkbox"/> 400 <input type="checkbox"/> 1000 <input type="checkbox"/>	Bulk Vermiculite/EPA/R-04/004	TEM (Contract Lab) Air <input type="checkbox"/> Bulk <input type="checkbox"/>	Fibre Count (PCM)	Viable RCS strip	NVA Cassette	Surface swab - Viable <input type="checkbox"/> Nonviable <input type="checkbox"/>	Surface tape	Bulk dry - Viable <input type="checkbox"/> Nonviable <input type="checkbox"/>	Paint ASTM E1613-12	Air ASTM D6785-13	Wipe ASTM E1644-17	TCLP EPA 1311	TO-17 - Full list <input type="checkbox"/> Fire <input type="checkbox"/> Terpenes <input type="checkbox"/>						E-Perm
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
Signature:		Yellow Copy: CLIENT				*Rush 3 hour turnaround availability is dependant on lab sample volume/3 hour rush not available for all analysis. Inquire within.																	
		White Copy: EW1				**Weekend/Evening analysis must be pre-arranged with the lab																	