

Industrial Hygiene Metals Chain of Custody Instructions

***Pace Location Requested:** City and State of Pace Laboratory where testing is to be performed.

***Company Name:** Client's company name

***Street Address:** Client's mailing address, city, state, and zip code for mailing

***Phone #:** Client's contact phone number

E-mail: Client's e-mail for correspondence

Site Collection Info/ Facility ID: Site location or facility information

***Contact Name:** Person to receive results

Customer Project # and Project Name/Description: Client's reference to the project or work involved with these samples.

***County/State Origin of Samples:** State required to ensure proper reporting.

Purchase Order #: Client specific number to be listed on project invoice for client billing purposes.

Quote #: Client or project specific number for client billing purposes.

***Turnaround time (TAT):** Surcharges may apply for non-standard turnaround times and are method dependent. Results will be due by the end of business on the date due based on standard turnaround time unless other arrangements have been made with your Project Manager.

Rush request: If faster than standard turnaround time results are needed. Select one of the rush options. All rush requests require preapproval by the laboratory and subject to method requirements. Surcharges will apply for non-standard turnaround times.

***Sample ID/Location:** The unique sample ID and/or location you want to appear on the analytical report.

***Matrix:** Select from list provided list.

***Collected Date:** Date sample was collected.

***Collected Time:** Time sample was collected.

***Air Sampling Time:** Required for air sampling, provide the pump start and stop time.

***Air Sampling Flow Rate:** Required for air sampling, provide the flow rate at the start and stop time.

***Air Sampling Total Volume:** Required for air sampling, record the total volume of air sampled in liters (L).

***Wipe Sampling Length:** Required for surface sampling, provide the length of the area sampled in inches.

***Wipe Sampling Width:** Required for surface sampling, provide the width of the area sampled in inches.

***Wipe Sampling Total Area:** Required for surface sampling, provide the total surface area sampled in square inches (in²).

***ASTM/non-ASTM:** Select whether ASTM E1792 or non-ASTM type wipes were used for sampling. If no selection is made, the laboratory will assume non-ASTM E1792 type wipes were used.

***Analysis/Test Code Requested:** Fill-in the test codes for the desired analysis for each sample.

Sample Comments: Optional area for sample specific comments.

***Collected By:** Printed name of sample collector

***Collected By Signature:** Signature of sample collector

Customer Remarks/Special Conditions/Possible Hazards: List special instructions about the sample here. If the sample is known or suspected to be hazardous indicate that here and attach SDS if possible.

***Relinquished By/Received By:** This form **must be signed** each time the sample(s) changes hands. Custody seals are available upon request if needed.

Summarized Sample Acceptance Policy Requirements:

- Proper, full, and completed chain-of-custody documentation
- Legible unique sample container identification written in indelible ink
- Appropriate sample container
- Enough sample to perform the requested tests
- Received within required holding time, where applicable
- Received within temperature preservation requirements, when necessary
- Sample containers received in good condition (not leaking or broken)
- Custody seals, when used, are intact
- Properly preserved, when required

A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met. Full location Specific Sample Acceptance Policy is available from your Project Manager.

***Required field:** Failure to fill in a required field may result in a sample(s) being put on hold until information can be obtained. This may result in a delay in receiving results.