Asbestos Chain of Custody
Analytical Request Document

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

Pace® Location Requested (City/State):

Scan QR Code for instructions

Gray Shaded Area - Lab Use Only

Company Name:

Contact Name:

Customer Project #:

Delivered by: [ ] In- Person [ ] Courier

[ ] FedEx [ ] UPS [ ] Other _____

Street Address:

Total Number of Samples:

Tracking Number:

Phone #:

Project Name/Description:

Turn Around Time

[ ] 5 Day [ ] 3 Day [2 Day

[ ] 24 Hr [ ] 6 Hr [ ] 3 Hr

Thermometer ID:

Correction Factor (°C):

Obs. Temp. (°C)

Corrected Temp. (°C)

On Ice:

Number of Samples Received:

E-Mail:

Site Collection Info/Facility ID (as applicable):

County / State origin of sample(s):

Purchase Order # (if applicable):

First Positive Stop:

[ ] Yes [ ] No

PWSID # or Permit # as applicable:

Quote #:

Air Filter Pore Size (as applicable):

[ ] 0.8 µm [ ] 0.45 µm

Field blanks should be collected using the same lots as used for samples.

*** Matrix Codes (Insert in Matrix box below):** Drinking Water (DW), Waste Water (WW), Ambient Air (A), Indoor Air (I), Bulk (B), Dust (D), Soil (SS), Other (OT)

**** TEM AIR Sample Type:** Inside Containment (IC), Outside Containment (OC), Blank (BLK), Area (AR)

Client Sample ID	Sample Description/Location	Matrix*	Sample Collection		Total Volume (L) /Area (cm^2)	Analysis/Test Code Requested	Sample Comments	Sample receipt non-conformance identified.
			Date	Time				

Collected By (Print Name):

Signature:

Customer Remarks / Special Conditions / Possible Hazards:

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:

Asbestos 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
PWSID #: Public Water System Identification Number for drinking water compliance reporting
***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.

Total Number of Samples: Enter the total number of samples being submitted.
***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.
***First Positive Stop:** For PLM, select Yes or No to stop at the first positive subsample.
***Air Filter Pore Size:** For air monitoring, select the pore size of the filter used for sampling.

***Client Sample ID:** Unique sample identification information which will be displayed on the final report
***Sample Description/Location**: Describe the sample and/or location. For TEM air samples, include the sample type from the list provided.

TEM AIR Sample Type: Inside Containment (IC), Outside Containment (OC), Blank (BLK), Area (AR)

***Matrix**: Select from list provided list.
***Sample Collection Date**: Date sample was collected.
***Sample Collection Time**: Time sample was collected.
***Total Volume/Area**: Where applicable, record the total volume of air sampled in liters (L) or the total surface area sampled in square centimeters (cm^2)

***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.