ASBESTOS PLM SAMPLING CHAIN OF CUSTODY

Client Information:

Franchise Number:		
Company:	Name:	Phone:
Billing Address:		Email:
Sample Address:		Project #:

Techtron Project #

Sample #	Lab #	Room Location	Material Description	Results

Sampled by: _____ Date: _____ Time: _____

Relinquished by: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____

Analyzed by: _____ Date: _____ Time: _____

QC'ed by: _____ Date: _____ Time: _____