

DUST SAMPLING CHAIN OF CUSTODY



COMPANY NAME

PROJECT NUMBER:

ADDRESS:

PROJECT NAME:

Email:

PHONE:

PROJECT REPRESENTATIVE:

FAX:

SAMPLING DATE:

3945 Lakefield Court
Suwanee, GA 30024
Phone: 770-866-3200
Fax: 770-866-3259

TURNAROUND TIMES: _____ SAME DAY _____ NEXT DAY _____ 2 DAY _____ 3 DAY _____ STANDARD 5 DAY

[illegible]

Condition: Seals and/or containers intact _____ (Initials) by MAS Other _____ Sample Condition Comments: _____

| CHAIN OF CUSTODY | NAME | COMPANY | MODE OF TRANSFER | SHIPPING DATE | RECEIVED BY / DATE |
|---------------------|------|---------|------------------|---------------|--------------------|
| First Transfer by: | | | | | |
| Second Transfer by: | | | | | |
| Third Transfer by: | | | | | |