



LEAD (Pb) CHAIN OF CUSTODY FORM

Lab Batch# _____

Client Name: _____

Project Number: _____

Client Address: _____

Project Location: _____

Project Manager: _____

Main Phone: _____ Ext: _____

Cell Phone: _____

Email: _____

Fax: _____

Special Instructions: _____

Turnaround Time: 2 hours 24 hours

4 hours 3 days After Hour

8 hours 5 days

Number of Samples: _____

Delivery: _____ Reports Via: Email

Analysis Type:

- Lead Air (NIOSH 7082)
- Lead Paint (EPA 7420)
- TTLC Lead
- Flame AA: Lead Wipes (EPA 3050/7420)
- Lead Soil (EPA 7420)
- STLC Lead
- Lead (Pb) in Water (EPA 200.8)
- TCLP Lead

#	Client Sample ID	Volume/ Area	A/R	Description/ Location/ Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Sampled by: (Print Name & Sign) _____ Date & Time: _____

Relinquished by: (Print Name & Sign) _____ Date & Time: _____

LAB USE ONLY

Received by: (Print Name & Sign) _____ Date & Time: _____

_____ Date & Time: _____