



Industrial Hygiene Chain of Custody

EMSL Order Number (Lab Use Only):

Report To Contact Name:			Bill To Company:				Client ID #		
Company Name:			Attention To:				# Samples in Shipment:		
Street:			Street:				Date of Shipment:		
City:	State/Province:		Zip/Postal Code:		City:	State/Province:		Zip/Postal Code:	Sampled By (Signature):
Phone :		Fax :	Phone:		Fax:		Purchase Order:		
Email Results To:			Project Name:				U.S. State where Samples Collected:		

Turnaround Time (TAT) – Please Check: If No Selection Made, Standard 2 Week TAT Will Apply							Media Type:		
2 Week	1 Week	4 Day	3 Day	2 Day	1 Day	Other (Call Lab)	Manufacturer/Part #:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lot #:		

Client Sample ID	Location/Description	Analyte / Method	Media	Flow (lpm)	Sample Time		Volume / Area	Sample Type	Sample Date	Comments
					On	Off				
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
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Note: Most NIOSH and OSHA methods require field blanks. It is the IH field sampler's responsibility to submit the proper number of field blanks and duplicates.

Released By	Date	Received By	Date

Comments:



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Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

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					On	Off				
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Comments:										