SAMPLE CHAIN OF CUSTODY

Send Report To_____

Company_____

Address_____

City, State, ZIP_____

Phone #_____ Fax #_____

SAMPLERS *(signature)*	
PROJECT ADDRESS	JOB #
REMARKS	

Page # _____ of _____

TURNAROUND TIME

☐ Standard
☐ RUSH_____
Rush charges authorized by:
_____

SOLVENT

☐ Methanol
☐ DI Water
☐ Other_____

							ANALYSES REQUESTED					
Sample ID	Lab ID	Date Sampled	Time Sampled	Sample Type	# of Filters	Area per Filter	VOCs by 8260	Methamphetamine				Notes

Friedman & Bruya, Inc.
3012 16th Avenue West
Seattle, WA 98119-2029
Ph. (206) 285-8282
Fax (206) 283-5044

SIGNATURE	PRINT NAME	COMPANY	DATE	TIME
Relinquished by:				
Received by:				
Relinquished by:				
Received by:				

FORMS\COC\METH2.DOC