

SAMPLE CHAIN OF CUSTODY

Report To _____
 Company _____
 Address _____
 City, State, ZIP _____
 Phone _____ Email _____

SAMPLERS <i>(signature)</i>	
PROJECT NAME	PO #
REPORTING LEVEL	INVOICE TO
<ul style="list-style-type: none"> • Indoor Air • Sub Slab/Soil Gas 	<ul style="list-style-type: none"> • Deep Soil Gas • SVE/Grab

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TURNAROUND TIME
<ul style="list-style-type: none"> • Standard • RUSH Rush charges authorized by: _____
SAMPLE DISPOSAL
<ul style="list-style-type: none"> • Dispose after 30 days • Archive Samples • Other

ANALYSIS REQUESTED

Sample Name	Lab ID	Canister ID	Flow Contr. ID	Date Sampled	Field Initial Press. (Hg)	Field Initial Time	Field Final Press. (Hg)	Field Final Time	TO-15 Full Scan	TO-15 BTEXN	TO-15 cVOCs	Notes

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 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:				