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Asbestos Bulk Samples Chain of Custody Form EPA/600/R-93/116

CONTACT INFORMATION	PROJECT INFORMATION
Client Name:	Project Name:
Client Address:	Project Number:
City, Province, Postal Code:	Project Address:
Phone:	
Email:	
CC Email(s):	

SAMPLE INFORMATION	
Number of Samples:	Date Results Required:
Priority: <input type="checkbox"/> Five Day Turnaround	<input type="checkbox"/> Next Day Turnaround <input type="checkbox"/> Same Day Turnaround
Invoice Required: Y N	Submitted By:

Authorized By: _____ Date: _____

TO BE COMPLETED BY APEX ONLY	APEX Project Number:
Received by:	Date/Time:
Analyzed by:	Date/Time:

