

## **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 o	of Samples:		Date Results Required:		
Priority:	Five Day Turnaround		Next Day Turnaround		Same Day Turnaround
Submitte	d By:				

BILLING INFORMATION (if different from contact information above)				
Billing Name:	Billing Email:			
Billing Address:	·			

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

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



## **Asbestos Bulk Samples**

**Client Name:** 

**Project Number:** 

APEX Project Number (APEX Only):

Sampling Log					
Sample Number	Laboratory Sample Number (APEX Only)	Material Description & Location	Stop Positive*		

\* Laboratory analysis protocol that analyzes multiple samples of a similar material in groups and **stops analysis** when asbestos is identified at concentrations greater than 0.5%. Homogenous groups must be clearly identified in sample descriptions provided by the client.