

IH CHAIN OF CUSTODY



J3 Order # (Lab use only)

Submitter Name: _____ Company: _____ Address: _____ City/State: _____ Zip: _____	Bill to: _____ Address: _____ City/State: _____ Zip: _____ PO #: _____
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Project Information

Project Name:	Project Manager:
Project #:	Notification By: Email: <input type="checkbox"/> Verbal: <input type="checkbox"/> Text: <input type="checkbox"/>
Email Report To:	Email Invoice To:

Special Instructions:

Turnaround Times – Please Select One

Emergency* <input type="checkbox"/>	1 Day <input type="checkbox"/>	2 Day <input type="checkbox"/>	3 Day <input type="checkbox"/>	5 Day <input type="checkbox"/>
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ASBESTOS

PLM - Bulk	PCM - Air	TEM - Air	TEM - Bulk	TEM - Water	TEM - Dust	TEM/PLM Soil/Vermiculite/Ore
EPA 600/R-93/116 <input type="checkbox"/> Visual Estimation (<1%) <input type="checkbox"/> 400 Point Count 0.25% <input type="checkbox"/> 1,000 Point Count 0.1% <input type="checkbox"/> Gravimetric Reduction <input type="checkbox"/> Matrix Reduction (+/-) <input type="checkbox"/> NIOSH 9002 <input type="checkbox"/> OSHA ID-191	<input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> ASTM D7201 <input type="checkbox"/> ISO 8672 <input type="checkbox"/> OSHA ID-160	<input type="checkbox"/> AHERA <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> ASTM D6281 <input type="checkbox"/> ISO 10312 <input type="checkbox"/> ISO 13794	<input type="checkbox"/> Gravimetric Reduction (<1%) <input type="checkbox"/> Matrix Reduction (+/-) <input type="checkbox"/> Qualitative (+/-) <input type="checkbox"/> Drop Mount <input type="checkbox"/> Filtration	<input type="checkbox"/> EPA 100.2 Drinking Water <input type="checkbox"/> >10 µm fibers <input type="checkbox"/> ≥0.5 µm fibers <input type="checkbox"/> EPA 100.2 Effluent / WW	<input type="checkbox"/> ASTM D5755 Microvac <input type="checkbox"/> ASTM D6480 Wipe <input type="checkbox"/> 600/J-93/167 Carpet - EPA <input type="checkbox"/> Bulk Dust Qualitative	<input type="checkbox"/> ASTM 7521-TEM (+/-) <input type="checkbox"/> ASTM 5721-TEM (<1%) <input type="checkbox"/> CARB 435-Modified <input type="checkbox"/> Soil – PLM Only (+/-) <input type="checkbox"/> Vermiculite - TEM (+/-) <input type="checkbox"/> Vermiculite-Cincinnati <input type="checkbox"/> Erionite ID

METALS

Flame AA	Graphite Furnace AA - LEAD	ICP	PARTICULATES
<input type="checkbox"/> Lead in Paint – SW846 7420/3050B <input type="checkbox"/> Lead in Air – NIOSH 7082 <input type="checkbox"/> Lead in Wipes – SW846 7420/3050B <input type="checkbox"/> Lead in Soil – SW846 7420/3050B	<input type="checkbox"/> Drinking Water – EPA 200.9 <input type="checkbox"/> Wastewater – SW846-7421 <input type="checkbox"/> Soil/Sludge – SW846-7421 <input type="checkbox"/> Air – NIOSH 7105	<input type="checkbox"/> Elements in Air – NIOSH 7300 <input type="checkbox"/> Wipe/Soil – SW846-6010B <input type="checkbox"/> Effluent – SW846-6010B <input type="checkbox"/> Welding Fume – NIOSH 7300M <input type="checkbox"/> TCLP – SW846-1311/6010B	<input type="checkbox"/> NIOSH 0500 – Total Particulates <input type="checkbox"/> NIOSH 0600 – Respirable Particulates

Total Number of Samples Submitted:	Positive Stop: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Signatures

Relinquished By: _____	Date: _____	Time: _____
Received By: _____	Date: _____	Time: _____
Relinquished By: _____	Date: _____	Time: _____
Received By: _____	Date: _____	Time: _____

* Emergency TAT requires prior lab notification. All samples analyzed outside normal business hours are charged at Emergency rate.
 **TAT's are in Business Days rather than Hours (i.e. 1 Day TAT = End of Next Business Day)

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