



CHAIN OF CUSTODY

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For Laboratory use only
Lab ID: _____

CONTACT INFORMATION *	PROJECT INFORMATION *
Company:	Project #:
Address:	Project name:
Phone:	Project location:
Contact:	
Email results to:	Date sampled:
	Sampled by:

ASBESTOS	MICROBIOLOGY
<input type="checkbox"/> PLM Bulk Analysis (EPA 600/R-93/116) <input type="checkbox"/> PLM 1,000 Point Count (<0.1%) <input type="checkbox"/> PLM 400 Point Count (<0.25%) <input type="checkbox"/> Gravimetric Point Count (<0.1%) <input type="checkbox"/> PCM Airborne Fiber Count (NIOSH 7400) <input type="checkbox"/> PCM Airborne Fiber Count with TWA <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fungi: Non Viable Mold (ST) <input type="checkbox"/> Fungi: Non Viable Mold (TL, B, SW) <input type="checkbox"/> Fungi: Quantitative Spore Count Direct Exam (TL, B, SW) <input type="checkbox"/> Bacteria: Total Coliform, <i>E. coli</i> (P/A) <input type="checkbox"/> Bacteria: Total Coliform, <i>E. coli</i> , <i>Enterococcus</i> (P/A) <input type="checkbox"/> Carbon Black & Material Science Analysis

Turnaround time (TAT) *: 3-4 Hrs 6-8 Hrs 24 Hrs 48 Hrs 72 Hrs Other: _____

Additional information/ Special instructions:

Stop at 1st positive on samples greater than 1%, EXCEPT for: _____

Composite 1 wall system sample if found to be greater than or equal to 1%.

Other: _____

SAMPLE ID	LOCATION *	DESCRIPTION *	ASBESTOS			MICROBIOLOGY/PCM					
			COND	QTY	FRIABLE	TIME		FLOW		TOTAL	
				SF/LF	Y/N	START	STOP	START	STOP		

Weather	Fog	Rain	Snow	Wind	Clear	TIME *	DATE *	RELINQUISHED BY *	RECEIVED BY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

* Necessary information for processing.

ST: Spore Trap, TL: Tape Lift, B: Bulk, Sw: Swab, P/A: Presence/ Absence, QTY: Quantity, SF: Square Foot, LF: Linear Foot,

COND: Conditions: G = Good; D = Damaged; SD = Significantly Damaged.

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