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ASBESTOS & FIBRE CHAIN OF CUSTODY RECORD

Invoice Information				Report Information (if differs from invoice)				Project Information (where applicable)				Turnaround Time (TAT) Required										
Company Name: _____				Company Name: _____				Quotation #: _____				Regular TAT (Most analyses)										
Contact Name: _____				Contact Name: _____				P.O. #/ AFE#: _____				<input type="checkbox"/> 5-DAYS <input type="checkbox"/> 10-DAYS										
Address: _____				Address: _____				Project #: _____				PLEASE PROVIDE ADVANCE NOTICE FOR RUSH PROJECTS										
Phone: _____ Fax: _____				Phone: _____ Fax: _____				Site Location: _____				Rush TAT (Surcharges will be applied)										
Email: _____				Email: _____				Sampled By: _____				<input type="checkbox"/> 4-HR <input type="checkbox"/> SAME DAY <input type="checkbox"/> 1-DAY <input type="checkbox"/> 2-DAYS <input type="checkbox"/> 3-DAYS										
ASBESTOS ANALYSIS																						
PROVINCIAL REGULATORY GUIDELINE						Analysis Requested								Date Required:								
<input type="checkbox"/> Alberta <input type="checkbox"/> Nfld & Labrador <input type="checkbox"/> Nunavut <input type="checkbox"/> Quebec <input type="checkbox"/> BC <input type="checkbox"/> NW T <input type="checkbox"/> Ontario <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Manitoba <input type="checkbox"/> Nova Scotia <input type="checkbox"/> PEI <input type="checkbox"/> Yukon <input type="checkbox"/> New Brunswick						PLM ANALYSIS - BULK		PCM - AIR		TEM				POSITIVE STOP	HOLD - DO NOT ANALYZE	Rush Confirmation #:						
				EPA 600/R-93/116	NIOSH 9002	EPA GRAVIMETRIC	200-POINT COUNT	400-POINT COUNT	1000-POINT COUNT	NYELAP 198.6 (NOB)	CINCINNATI PLM EPA 600/R-04/004	NIOSH 7400 A RULES	NIOSH 7400 B RULES			VERMICULITE CINCINNATI EPA 600/R-04/004	AIR NIOSH 7402	SEMI QUANTITATION (DL 1%)	FULL QUANTITATION (DL 0.1%)	NYELAP 198.4 (NOB)	SPECIAL INSTRUCTIONS	
SAMPLE NUMBER - DESCRIPTION				DATE SAMPLED (YYYY/MM/DD)	SAMPLE TYPE	AIR VOLUME (L) (if applicable)																
																				COMMENTS		
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
RELINQUISHED BY: (Signature/Print)				DATE: (YYYY/MM/DD)		TIME: (HH:MM)		RECEIVED BY: (Signature/Print)				DATE: (YYYY/MM/DD)		TIME: (HH:MM)		MAXXAM JOB #						

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