

CHAIN OF CUSTODY RECORD

Project Number: _____		Project Name: _____		Quote Number: _____																				
REPORT TO:																								
Company: _____			MATRIX LEGEND A - Ambient Air Low Level I - Indoor Air S - Source Air High Level G - Gas/Product																					
Address: _____			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">INITIAL PRESSURE</td> <td colspan="2">FINAL PRESSURE</td> <td colspan="2">EAS LABORATORY ID</td> </tr> <tr> <td colspan="6" style="text-align: center; border: none;">ANALYTICAL TESTS</td> </tr> <tr> <td colspan="6" style="text-align: center; border: none;">REMARKS</td> </tr> </table>			INITIAL PRESSURE		FINAL PRESSURE		EAS LABORATORY ID		ANALYTICAL TESTS						REMARKS						
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ANALYTICAL TESTS																								
REMARKS																								
City/State/Zip: _____																								
Phone: _____ (FAX) _____																								
ATTENTION																								
SAMPLE DESCRIPTION	SAMPLE DATE	SAMPLE TIME	CANISTER NUMBER	C O M P	G R A B	MATRIX A I S G																		
COMMENTS																								
BILLING INFORMATION																								
Company: _____										SAMPLED BY: _____					Date		Time		Received by: _____		Date		Time	
Address: _____										Relinquished By: _____					Date		Time		Received by: _____		Date		Time	
City/State/Zip: _____										Relinquished By: _____					Date		Time		Received by: _____		Date		Time	
ATTENTION										Relinquished By: _____					Date		Time		Received for lab by: _____		Date		Time	
Purchase Order/Billing Reference																								