Chain of Custody Form

PINNACLE ENVIRONMENTAL CONSULTANTS, INC.

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REQUEST FOR ANALYTICAL LABORATORY SERVICES

DATE RESULTS REQUESTED:

RUSH CHARGES AUTHORIZED: ☐ YES ☐ NO

REPORT RESULTS TO		SEND INVOICE TO	
	NAME:		NAME:
	COMPANY:		COMPANY:
	ADDRESS:		ADDRESS:
	CITY, STATE, ZIP:		CITY, STATE, ZIP:
	TELEPHONE: ( ) FAX: ( )		PURCHASE ORDER #:
	EMAIL:		CLIENT JOB #:

*Point Counts performed per client request

DATE SAMPLED / /	CLIENT SAMPLE IDENTIFICATION	AIR VOLUME (LITERS) IF APPLICABLE	TIME SAMPLED :	PLM*	PCM	TEM	OTHER:	LABORATORY USE ONLY

RE: DATE/TIME **ANALYZE TO THE POSITIVE?** ☐ **YES** ☐ **NO**

CHAIN OF CUSTODY			
	COLLECTED BY: **(print)**		Collector's Signature:
	RELINQUISHED BY:		RECEIVED BY:
	RELINQUISHED BY:		RECEIVED BY:
	RECEIVED AT LAB BY:		Sample Condition Upon Reciept: ☐ Accept ☐ Deny

* Samples will be held for sixty (60) days after analysis date, unless otherwise requested by the client*

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