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 Hours: Mon- Fri 8:30 am to 5:00 pm

Form ID_F12
 Revision: 200101



CHAIN OF CUSTODY

Company Name: _____
Contact Name: _____
Address: _____ **City:** _____
Phone: _____ **Email:** _____

| Type of Analysis: | | Turnaround Time: | |
|--|--|--|--|
| <input type="checkbox"/> Asbestos Air | PCM (NIOSH 7400) | <input type="checkbox"/> Regular - 24 hours | <input type="checkbox"/> Rush – 4 hours |
| <input type="checkbox"/> Asbestos Bulk | PLM (EPA/600/R93/116) | <input type="checkbox"/> Hot Rush - <1 hour | <input type="checkbox"/> Emergency (After hours) |
| <input type="checkbox"/> Lead Bulk by XRF _(ppm) | <input type="checkbox"/> Lead Bulk Flame AA (ppm) NIOSH 7082 | <input type="checkbox"/> Lead Regular – 2 days | <input type="checkbox"/> Lead Rush -24hours |
| <input type="checkbox"/> TCLP Leachate (wt/L) | Lead (Pb) by ICPOES | * Standard 3 day Turnaround for Lead Leachate. | |
| <input type="checkbox"/> Asbestos Point Count | <input type="checkbox"/> 400 pts <input type="checkbox"/> 1000 pts | * Standard 2 day Turnaround for Point Count. | |
| <input type="checkbox"/> TEM by Forensic Analytical | <input type="checkbox"/> Bulk <input type="checkbox"/> Air <input type="checkbox"/> Microvac | * Standard 5 day Turnaround for TEM. | |
| <input type="checkbox"/> Mold or Bacteria | <input type="checkbox"/> Bulk <input type="checkbox"/> Swab <input type="checkbox"/> Air | <input type="checkbox"/> Species ID – 2 days | <input type="checkbox"/> Culture & ID – 7 days |

Disposal Instructions: *Unless requested in writing, all samples will be disposed of four (4) weeks after analysis.*

Project Name / #: _____
Project Address: _____ **Project City:** _____
Date Sampled: _____ **EA Project Number:** _____

| Sample Number | Location | Material Type or Air Sample Type | For Air Sample Only | |
|---------------|----------|----------------------------------|---------------------|-------------------|
| | | | Time (min) | Flow Rate (L/min) |
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** Only materials itemized on the Chain of Custody will be analyzed; additional layers and mastics attached to other materials must be listed separately.
 ** No refunds issued for deleted/canceled samples from the CoC if requested *after* analysis has been completed.
 ** One Chain of Custody only per Type of Analysis and Turnaround Time.

Special Instructions: _____
Sample Collector: _____ **Signature:** _____
Relinquished by: _____ **Date / Time:** _____

FOR OFFICE USE ONLY:

Sealed in bag Proper Labeling Insufficient Quantity Wet/Damp Stop Positive Drop Off Service by: _____
 Report pickup Hot Rush Email Only Pick up Service km: _____ Revision made to CoC and approved by: _____

Received By: _____ **Date / Time:** _____