



AMA Analytical Services, Inc.

Focused on Results www.amalab.com
AIHA (#100470) NVLAP (#101143-0) NY ELAP (10920)
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CHAIN OF CUSTODY

(Please Refer To This Number For Inquires)

Mailing/Billing Information:

- Client Name: _____
- Address 1: _____
- Address 2: _____
- Address 3: _____
- Phone #: _____ Fax #: _____

Submittal Information:

- Job Name: _____
- Job Location: _____
- Job #: _____ P.O. #: _____
- Contact Person: _____ @ phone # _____
- Submitted by: _____ Signature: _____

Reporting Information (Results will be provided as soon as technically feasible):

AFTER HOURS (must be pre-scheduled) <input type="checkbox"/> Immediate Date Due: _____ <input type="checkbox"/> 24 Hours Time Due: _____ Comments: _____	NORMAL BUSINESS HOURS <input type="checkbox"/> Immediate <input type="checkbox"/> 3 Day <input type="checkbox"/> Next Day <input type="checkbox"/> 5 Day + <input type="checkbox"/> 2 Day Date Due: _____	REPORT TO: <input type="checkbox"/> Results Required By Noon (Every Attempt Will Be Made to Accomodate) <input type="checkbox"/> Include COC/Field Data Sheets with Report <input type="checkbox"/> Email: _____ @ _____ <input type="checkbox"/> Fax: _____ <input type="checkbox"/> Verbal: _____
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Asbestos Analysis

- PCM Air** – Please Indicate Filter Type:
 NIOSH 7400 _____ (QTY)
 Fiberglass _____ (QTY)
- TEM Air** – Please Indicate Filter Type:
 AHERA _____ (QTY)
 NIOSH 7402 _____ (QTY)
 Other (specify _____) _____ (QTY)
- PLM Bulk**
 EPA 600 – Visual Estimate _____ (QTY)
 EPA Point Count _____ (QTY)
 NY State Friable 198.1 _____ (QTY)
 Grav. Reduction ELAP 198.6 _____ (QTY)
 Other (specify _____) _____ (QTY)
- MISC**
 Vermiculite
 Asbestos Soil PLM__ (Qual) PLM__ (Quan) PLM/TEM__ (Qual) PLM/TEM__ (Quan)

TEM Bulk

-
- ELAP 198.4/Chatfield _____ (QTY)
-
-
- NY State PLM/TEM _____ (QTY)
-
-
- Residual Ash _____ (QTY)

TEM Dust

-
- Qual. (pres/abs) Vacuum/Dust _____ (QTY)
-
-
- Quan. (s/area) Vacuum D5755-95 _____ (QTY)
-
-
- Quan. (s/area) Dust D6480-99 _____ (QTY)

TEM Water

-
- Qual. (pres/abs) _____ (QTY)
-
-
- ELAP 198.2/EPA 100.2 _____ (QTY)
-
-
- EPA 100.1 _____ (QTY)

All samples received in good condition unless otherwise noted.
 (TEM Water samples _____ °C)

Metals Analysis

-
- Pb Paint Chip _____ (QTY)
-
-
- Pb Dust Wipe (wipe type _____) _____ (QTY)
-
-
- Pb Air _____ (QTY)
-
-
- Pb Soil/Solid _____ (QTY)
-
-
- Pb TCLP _____ (QTY)
-
-
- Drinking Water
-
- Pb _____ (QTY)
-
- Cu _____ (QTY)
-
- As _____ (QTY)
-
-
- Waste Water
-
- Pb _____ (QTY)
-
- Cu _____ (QTY)
-
- As _____ (QTY)
-
-
- Pb Furnace (Media _____) _____ (QTY)

Fungal Analysis

- Collection Apparatus for Spore Traps/Air Samples: _____
 Collection Media _____
-
- Spore-Trap _____ (QTY)
-
- Surface Vacuum Dust _____ (QTY)
-
-
- Surface Swab _____ (QTY)
-
- Culturable ID Genus (Media _____) _____ (QTY)
-
-
- Surface Tape _____ (QTY)
-
- Culturable ID Species (Media _____) _____ (QTY)
-
-
- Other (Specify _____) _____ (QTY)

CLIENT ID NUMBER	SAMPLE INFORMATION			ANALYSIS											CLIENT CONTACT				
	SAMPLE LOCATION/ IDENTIFICATION	DATE	VOLUME (LITERS)	WIPE AREA	TEM	PCM	PLM	LEAD	MOLD	AIR	BULK	DUST	WATER AND OTHER	SPORE TRAP	TAPE	SWAB	(LABORATORY STAFF ONLY)		
																	Date/Time:	Contact:	By:
																	Date/Time:	Contact:	By:
																	Date/Time:	Contact:	By:

LABORATORY STAFF ONLY: (CUSTODY)

- Date/Time RCVD: _____ / _____ / _____ @ _____ Via: _____ By (Print): _____ Sign: _____
- Date/Time Analyzed: _____ / _____ / _____ @ _____ By (Print): _____ Sign: _____
- Results Reported To: _____ Via: _____ Date: _____ / _____ / _____ Time: _____ Initials: _____
- Comments: _____