

Company _____

Address _____

City / State / Zip _____

Phone _____ FAX _____ Email _____

Client / Owner: _____

Project and/or Job Number: _____

Project Address: _____

Asbestos Chain of Custody Record

Normal 3 Day Next Day Same Day Immediate

Stop First Positive: Yes No (*Receive Cut Off Time: 2pm)

Date: _____ Contact: _____

Phone: _____ FAX: _____

Email: _____

HSA	Sample No.	Material Description (include size/color)	Sample Location	Homogeneous Area Locations	Quantity Sq. Ft.	Cond.	Pot. Disturb.	Friable Yes/No

G=Good, D=Damaged, SD=Significantly Damaged

Sampled By: _____	Date: _____
Transported By: _____	Date: _____
Special Instructions:	

Received By / Date:
