

Environmental Sciences, Environmental Inorganic Chemistry Laboratory

Environmental Lead Analysis Request and Chain of Custody Record

Facility Name: _____ (if applicable) **Owner Name:** _____

Testing Site Address: _____ (Street) **Owner Address:** _____ (Street)

 (City) (Zip Code) (City) (State) (Zip Code)

County: _____

Report to: _____ **EIN#:** _____

Address: _____ (Street) **Phone #:** _____

 (City) (Zip Code) **Health Dept Agency/Org:** _____

Sample Type DW = Dust wipe S = Soil/Ashes O = Other
 PC = Paint chip T = Toy

Surface Type FL = Floor WT = Window trough MB = Miniblind O = Other
 (dust wipe only) CP = Carpet SL = Window sill TB = Tub/sink

Laboratory Number	Field Sample #	Sample Type	Sample Description	For Dust Wipes Only	
				Surface Type	Length x Width (in inches)
					X
					X
					X
					X
					X
					X
					X
					X
					X
					X

Collection Date: _____ Collection Time: _____ AM/PM

Collected By: _____ Remarks: _____

For Lab Use Only
 Date and Time of Sample Receipt: _____

Chain of Possession:

- _____
 (Signature) _____ (Title) _____ (Inclusive Dates)
- _____
 (Signature) _____ (Title) _____ (Inclusive Dates)
- _____
 (Signature) _____ (Title) _____ (Inclusive Dates)

Results Reported By:

 (Signature) _____ (Title) _____ (Inclusive Dates)