



Lead Chain-of-Custody

~For Lab Use Only~

Environmental Hazards Services, LLC

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Company Name: _____ Address: _____ City/State/Zip: _____

Phone: () _____ Fax: () _____ E-mail: _____ Acct. Number: _____

Project Name / Testing Address: _____ City/State (Required): _____

Collected by: _____ Certification Number: _____ Purchase Order Number: _____

* Do wipe samples submitted meet ASTM E1792 requirements? Yes No

Turn Around Time (TAT) ___ 1-Day ___ 3-Day ___ Same Day (Must Call Ahead) ___ Weekend (Must Call Ahead) If no TAT is specified, sample(s) will be processed and charged as 3-Day TAT.	Sample Type Single Dust Wipe = DW Soil = S Paint Chip = PC Air = A Composite Soil = CS	Abbreviations FR = Family Room F = Front 0 = Basement LR = Living Room R = Rear KT = Kitchen DN = Den LT = Left BA = Bath DR = Dining Room RT = Right BR = Bedroom 1 = 1st Fl 2 = 2nd Fl	Surface Type for Dust Wipe FL = Floor CP = Carpet SL = Window Sill WW = Window Well
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No.	Sample Type	Date Collected	Client Sample ID	Collection Location (LR, KT, LTFBR, RTRBR, etc.)										Surface Type	Area			Paint Chip			Air			Comments
				Length X Width in inches (Provide paint chip area only if requesting mg/cm2)		mg/cmf	PPM	%	Flow Rate (L/ min)	Total Time (minutes)	Volume (Total Liters)													
1														X										
2														X										
3														X										
4														X										
5														X										
6														X										
7														X										
8														X										
9														X										
10														X										

Released by: _____	Signature: _____	Date/Time: _____
Received by: _____	Signature: _____	Date/Time: _____