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### CHAIN OF CUSTODY

Company:	Results Needed:	<b>MTL Project ID:</b>
Project Number:	Date _____ Time _____	

Project Name:	TAT: ___ Immediate ___ <1 Day ___ 1 Day ___ 2 Days ___ 3 Days ___ 5 Days
Location/Address:	Stop at First Positive: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>

Sampler(s):	<table border="1" style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr><td style="writing-mode: vertical-rl; transform: rotate(180deg);">PCM Asbestos</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">PLM Bulk Samples</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">PLM Point Count</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">TEM Air Asbestos</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">TEM Bulk Asbestos</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">TEM Gravimetric Asbestos</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Lead Air</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);">Lead Wipe</td><td style="writing-mode: vertical-rl; transform: rotate(180deg);"></td><td style="writing-mode: vertical-rl; transform: rotate(180deg);"></td></tr> </table>	PCM Asbestos	PLM Bulk Samples	PLM Point Count	TEM Air Asbestos	TEM Bulk Asbestos	TEM Gravimetric Asbestos	Lead Air	Lead Wipe			<b>MTL Use Only</b>
PCM Asbestos		PLM Bulk Samples	PLM Point Count	TEM Air Asbestos	TEM Bulk Asbestos	TEM Gravimetric Asbestos	Lead Air	Lead Wipe				
Report To:		<b>Samples Acceptable:</b>										
Phone: _____ Fax: _____		Yes: <input type="checkbox"/> No: <input type="checkbox"/>										
e-mail/Alternate Fax:	<b>Checked by (Initial/Date):</b>											

Sample Description:	Date Taken	Time		Rate (lpm)	Volume (Liters)	Area (ft <sup>2</sup> )	PCM Asbestos	PLM Bulk Samples	PLM Point Count	TEM Air Asbestos	TEM Bulk Asbestos	TEM Gravimetric Asbestos	Lead Air	Lead Wipe			Comments
		On	Off														

Comments:			
Relinquished by: (Signature)	Date/Time:	Relinquished by: (Signature)	Date/Time:
Received by: (Signature)	Date/Time:	Received by: (Signature)	Date/Time:
Rev. 01/2015		Relinquished by: (Signature)	Date/Time: