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CHAIN OF CUSTODY PLM BULK

Company:	Results Needed: **MTL Project ID:**
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: ☐ No: ☐ Other:
Inspector(s):	**MTL Use Only**
Report To:	**Samples Acceptable:**
Tel: Fax:	**Yes:** ☐ **No:** ☐
e-mail/Alternate Fax:	**Checked by (Initial/Date):**

Sample Number:	Material Description	Sample Location

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: