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Form ID_F12
 Revision: 200521



CHAIN OF CUSTODY

Company Name: _____
Contact Name: _____
Address: _____ **City:** _____
Phone: _____ **Email:** _____

Type of Analysis:		Turnaround Time:	
<input type="checkbox"/> Asbestos Air	PCM (NIOSH 7400)	<input type="checkbox"/> Regular - 24 hours	<input type="checkbox"/> Rush – 4 hours
<input type="checkbox"/> Asbestos Bulk	PLM (EPA/600/R93/116)	<input type="checkbox"/> Hot Rush - <1 hour	<input type="checkbox"/> Emergency (After hours)
<input type="checkbox"/> Lead Bulk by XRF(ppm)	<input type="checkbox"/> Lead Bulk Flame AA (ppm) NIOSH 7082	<input type="checkbox"/> Lead Regular – 2 days	<input type="checkbox"/> Lead Rush -24hours
<input type="checkbox"/> TCLP Leachate (wt/L)	Lead (Pb) by ICPOES	* Standard 3 day Turnaround for Lead Leachate.	
<input type="checkbox"/> Asbestos Point Count	<input type="checkbox"/> 400 pts <input type="checkbox"/> 1000 pts	* Standard 2 day Turnaround for Point Count.	
<input type="checkbox"/> TEM by Forensic Analytical	<input type="checkbox"/> Bulk <input type="checkbox"/> Air <input type="checkbox"/> Microvac	* Standard 5 day Turnaround for TEM.	
<input type="checkbox"/> Mold	<input type="checkbox"/> Bulk <input type="checkbox"/> Swab <input type="checkbox"/> Air	<input type="checkbox"/> Species ID – 2 days	<input type="checkbox"/> Culture & ID – 7 days

Disposal Instructions: *Unless requested in writing, all samples will be disposed of four (4) weeks after analysis.*

Project Name / #: _____
Project Address: _____ **Project City:** _____
Date Sampled: _____ **EA Project Number:** _____

Sample Number	Location	Material Type or Air Sample Type	For Air Sample Only	
			Time (min)	Flow Rate (L/min)

** Only materials itemized on the Chain of Custody will be analyzed; additional layers and mastics attached to other materials must be listed separately.
 ** No refunds issued for deleted/canceled samples from the CoC if requested *after* analysis has been completed.
 ** One Chain of Custody only per Type of Analysis and Turnaround Time.

Special Instructions: _____
Sample Collector: _____ **Signature:** _____
Relinquished by: _____ **Date / Time:** _____

FOR OFFICE USE ONLY:

Sealed in bag Proper Labeling Insufficient Quantity Wet/Damp Stop Positive Drop Off Service by: _____
 Report pickup Hot Rush Email Only Pick up Service km: _____ Revision made to CoC and approved by: _____

Received By: _____ **Date / Time:** _____