TBON LAB LLC		CHAIN of CUSTODY FORM FOR ALL TYPES OF ANALYSIS						ENVIRONMENTAL SERVICES		
Customer Information		**Project Information**				**Analysis Requested**				**Turn Around**
Customer Code:		Sampled by:				**PCM-Air**	**Asbestos**	**MOLD**	**Bacteria**	**24hr**
Company name:		Date sampled:				**NIOSH7400**	**EPA600**	**In Air**	Total coliform	**48hr**
Contact person:		Project Name:					**M4-82-020**	**In Bulk**	**E.coli**	**5 day**
Billing Address:		Project #:					PLM/Bulk	**In Culture**	**Salmonella**	2 WK
Phone/Fax :		Site Address:							Legionella	**RUSH**
Email:		Site contact Person								4/6/8hr
LAB ID:	**Method for Reporting Results**	Email	Fax	Mail	Other					
Lab Sample#	**Customers sample# Description**	**Flow Rate**	**Flow Time**	**Time on**	**Time off**	**Person**	**Air Volume**	**Sample preserved: Yes/No**		**Cold/Thio**
Total samples										
Samples submitted by:		**Date:**	**Time**		**Accepted by:**		**Date:**	**Time:**	**Fedex track#**	**Drop off**
Print & sign										
Payment Method:		**Credit card #:**		**Check#**	**Other:**				**UPS track#**	
Sample Disposal:		**Lab:30 days**	Customer	Other						
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