

## CHAIN OF CUSTODY FORM

<b>Company Name:</b>	Washington State University	<b>Date:</b> _____
<b>Address:</b>	Environmental Health & Safety / P.O. Box 641172	<b>Contact Name:</b> _____
<b>City, State, Zip:</b>	Pullman, WA 99164	<b>Sampler Name:</b> _____
<b>EHS Client Account #:</b>	49-3308 D	<b>Project #:</b> _____
<b>Phone# :</b>	(509) 335-5604	<b>P.O. #:</b> _____
	<b>Fax#:</b> (509) 335-4442	

Sample Number	Sample Date & Time	Asbestos					Lead					Other Metals <small>(Specify metals below)</small>				Air Volume (L) OR Wipe Area (ft <sup>2</sup> ) OR Scrape Area(cm <sup>2</sup> )	Comments
		Bulk ID by PLM	Asbestos Wipe	Fiber Count (PCM)	TEM Air	TEM Chatfield (Bulk)	Air	Paint	Soil	Wipe	TCLP (Pb)	Waste Water	TCLP RCRA 8				
Released by:							Signature:							Date/Time:			
Received by:							Signature:							Date/Time:			
Released by:							Signature:							Date/Time:			
Received by:							Signature:							Date/Time:			