



ASBESTOS CHAIN OF CUSTODY

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Company/Client : _____
 Contact : _____
 Client Project ID : _____
 Phone : _____
 Fax : _____
 E-mail : _____

Project address : _____

 Billing address: _____

Sampling Date	
Lab No. (lab use only)	
Turnaround Requested*	
<u>Standard</u> ___ 48 Hrs.	___ 72 Hrs. ___ Same Day ___ 6 Hrs. ___ 24 Hrs

* If no Turn Around Time (TAT) specified the standard TAT is considered by default.

Sample ID	Sample Type	Sample Date	Sample Location	Sample Description	Start Time	Stop Time	Average(LPM)	Total Min	Total Volum(Tot Flow*Tol Min)

Submitted by (print) : _____
 Received by (print) : _____

Date/Time : _____ Signature : _____
 Date/Time : _____ Signature : _____

For Laboratory Use

*****Sample Types: A** Asbestos
 - PCM(Niosh 7400A)
 - PLM(EPA 600/R-93/116)
 - Point Count 400
 - Point Count 1000