



## Asbestos Air Analysis Chain of Custody

Send to: Brad Shook  
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Phone (269) 329-1237 / Fax (269) 329-7446

Client Job No. \_\_\_\_\_

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_\_\_\_

Sample No.	Description	Start	Stop	Min.	Flow Rate	Volume (Liters)

Types: BG = background      IWA = inside work area  
CL = clearance              OWA = outside work area  
PS = personal                FB = field blank  
EL = excursion limit        PA = post abatement

Date to Lab: \_\_\_\_\_

1 BUSINESS DAY (24 Hours)     Up to 5 BUSINESS DAYS

Total # Samples: \_\_\_\_\_

Relinquished by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relinquished by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**How do you want to receive results?**     Call     Fax     Mail     Email

*BDN Use Only*     Cash     Check     Credit Card     P.O. # \_\_\_\_\_

Total Amount \$ \_\_\_\_\_