

IRIS Environmental Laboratories

Asbestos Chain of Custody Form

Page _____ of _____

Company Name				Account #	
Company Address				City/State/Zip	
Phone				Email	
Project Name/Test Address					
PO Number			Collected By		
Turn-Around Time	5 Day 3 Day 2 Day 1 Day Same Day / Should be called ahead				
☐ PLM New York Protocol			☐ PLM New Jersey Protocol		

**ATTENTION: PLM NOB Material tested negative
Must go TEM**

LAB NUMBER	Client Sample ID	Homogeneous Area	Positive Stop	Collection Date & Time	BULK				AIR					COMMENTS
					PLM	Point Count 400	Point Count 1000	TEM Bulk	PCM	TEM AHERA	NIOSH 7402	Time In Total Minutes	Flow Rate In L/Min	
1														
2														
3														
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12														
13														
14														
15														

Released By:				Date:				Time:			
Signature:											

LAB USE ONLY – BELOW THIS LINE

Received By: _____

Signature: _____

Date: ____/____/____ Time: _____ ☐ AM ☐ PM



NOTES

ATTENTION: SEND SAMPLES TO THIS ADDRESS

 **2333 US Highway 22W, Union NJ 07083 (908) 206-0073**

LAB NUMBER	Client Sample ID	Homogeneous Area	Positive Stop	Collection Date & Time	BULK				AIR						COMMENTS
					PLM	Point Count 400	Point Count 1000	TEM Bulk	PCM	TEM AHERA	NIOSH 7402	Time In Total Minutes	Flow Rate In L/Min	Volume In Total Liters	
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17															
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44															
45															

Received By: _____

Signature: _____

Date: ____ / ____ / ____ Time: _____:

AM

PM