

IRIS Environmental Laboratories

Metals Chain of Custody Form

Page ____ of ____

Company Name												Account #								
Company Address												City/State/Zip								
Phone												Email								
Project Name / Testing Address																				
PO Number										Collected By										
Turn-Around Time		5 Day 3 Day																		
LAB NUMBER	Client Sample ID	Collection Date & Time	METALS							Other Metals	PARTICULATES					AIR			WIPES	
			Pb TCLP	TCLP RCRA 8	RCRA 8 Total	Toxic Metal Profile	Welding Fume Profile	TX 11 TCLP	CA 17 Total		Total Nuisance Dust	Respirable Dust	TSP Gravimetric	TSP Pb	PM- 10	Total Time	Flow Rate	Vol.	AREA Circle Unit of Measurement Used cm or in	
																Min.	L/min	Total Liters		
1																			X	
2																			X	
3																			X	
4																			X	
5																			X	
6																			X	
7																			X	
8																			X	
9																			X	
10																			X	
11																			X	
12																			X	
13																			X	
14																			X	
15																			X	
Released By:										Date:						Time:				
Signature:																				

LAB USE ONLY – BELOW THIS LINE

Received By: _____

Signature: _____

Date: ____ / ____ / ____ Time: ____ : ____

☐ AM ☐ PM

Analysis
In partnership with
Accredited Third
Party Labs

NOTES

ATTENTION: SEND SAMPLES TO THIS ADDRESS



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