SGS
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CHAIN OF CUSTODY

(Please Refer To This Number For Inquires)

Print COC | Email COC | Save COC | Clear COC

SGS Client Information:

1. Client Name: _____
2. Address 1: _____
3. Address 2: _____
4. Billing Email: _____
5. Phone #: _____

Submittal Information:

1. Job Name: _____
2. Job Location: _____
3. Job #: _____ PO#: _____
4. Contact Person: _____ Cell: _____
5. Collected by: _____ Cell: _____

If no TAT is chosen, SGS will assign 5-Day by default.

Reports and Invoices provided by Email only.

AFTER HOURS (samples must be pre-scheduled)

❑ 4 Hours ❑ Late Night
❑ Immediate Date Due: _____
❑ 24 Hours Time Due: _____
Comments: _____

NORMAL BUSINESS HOURS

❑ 4 Hours^ ❑ 3 Day
❑ Same Day^(6-8 Hours) ❑ 5 Day +
❑ 1 Day Date Due: _____
❑ 2 Day
❑ Results Required By Noon (addtl fees may apply)

(^**Rush TATs must be pre-scheduled** and may not be technically feasible for some analytical methods)

REPORT TO:

❑ Email 1: _____
❑ Email 2: _____
❑ Email 3: _____

Asbestos Analysis

*PCM Air – Please Indicate Filter Type: _____
❑ NIOSH 7400 _____ (QTY)

*TEM Air – Please Indicate Filter Type: _____
❑ AHERA _____ (QTY)
❑ NIOSH 7402 _____ (QTY)
❑ Other (specify _____) _____ (QTY)

PLM Bulk
❑ EPA 600 – Visual Estimate _____ (QTY) ☐ Pos Stop
❑ EPA Point Count _____ (QTY)
❑ NY State Friable 198.1 _____ (QTY)
❑ Grav. Reduction ELAP 198.6 _____ (QTY)
❑ Other (specify _____) _____ (QTY)

Asbestos Soil ASTM D7521
❑ PLM Qual ____ (QTY) PLM Quan ____ (QTY) PLM/TEM Qual ____ (QTY) PLM/TEM Quan ____ (QTY)

TEM Bulk
❑ ELAP 198.4/Chatfield _____ (QTY)
❑ NY State PLM/TEM _____ (QTY)
❑ Residual Ash _____ (QTY)
❑ Vermiculite _____ (QTY)

TEM Dust*
❑ Qual. (pres/abs) Vacuum/Dust _____ (QTY)
❑ Quan. (s/area) Vacuum D5755 _____ (QTY)
❑ Quan. (s/area)Dust D6480 _____ (QTY)

TEM Water
❑ Qual. (pres/abs) _____ (QTY)
❑ ELAP 198.2/EPA 100.2 _____ (QTY)
❑ EPA 100.1 _____ (QTY)

❑ All samples received in good condition unless otherwise noted.
(TEM Water samples _____°C) **(For Lab Use Only)**

If field data sheets are submitted, there is no need to complete bottom section.
*It is recommended that blank samples be submitted with all air and surface samples

Metals Analysis

❑ Pb Paint Chip ❑ % by Weight _____ (QTY) ❑ mg/cm2 _____ (QTY)
❑ *Pb Dust Wipe _____ (QTY) (by submitting samples to SGS you certify that wipes meeting the ASTM E1792 criteria were used)
❑ *Pb Air _____ (QTY)
❑ Pb Soil/Solid _____ (QTY)
❑ Pb TCLP _____ (QTY)
❑ Drinking Water ❑ Pb _____ (QTY) ❑ Cu _____ (QTY)
❑ Waste Water ❑ Pb _____ (QTY) ❑ Cu _____ (QTY)
❑ Pb Furnace (Media _____) _____ (QTY)

Fungal Analysis

❑ *Spore-Trap _____ (QTY)
❑ *Surface Swab _____ (QTY)
❑ *Surface Tape _____ (QTY)
❑ Other (Specify _____) _____ (QTY)
❑ Surface Vacuum Dust _____ (QTY)

Collection Apparatus for Spore Traps/Air Samples: _____
Collection Media _____

SAMPLE INFORMATION

SAMPLE #	MATERIAL and/or LOCATION DESCRIPTION	DATE (m/d/yyyy)	TIME (hh:mm)	VOL (L) (Air Samples)	Wipe Area (Dust Samples)	TEM	PCM	PLM	LEAD	MOLD	COMMENTS/SPECIAL INSTRUCTIONS

	Print Name	Signature	Date: m/d/yyyy	Time: hh:mm
*Relinquished by:				
Received by:				

Delivery Information (For Lab Use Only)

❑ UPS ❑ In-Person ❑ Other
❑ FedEx ❑ Drop Box
❑ USPS ❑ Courrier

*by submitting samples to SGS, you agree to abide by all of our terms & conditions. Please contact the laboratory at EHS.Lanham.Info@sgs.com for a copy of our Terms & Conditions.