



EMSL ANALYTICAL, INC.
LABORATORY • PRODUCTS • TRAINING

Industrial Hygiene Chain of Custody

EMSL Order Number (Lab Use Only):

EMSL ANALYTICAL, INC.
200 ROUTE 130 NORTH
CINNAMINSON, NJ 08077
PHONE: (800) 220-3675
FAX: (856) 858-3502

Report To Contact Name:			Bill To Company:			Client ID #:					
Company Name:			Attention To:								
Street:			Street:								
City:		State/Province:		Zip/Postal Code:		City:		State/Province:		Zip/Postal Code:	
Phone :			Fax :			Phone:			Fax:		
Project Name:				Email Results To:				U.S. State where Samples Collected:			
# Samples in Shipment:			Date of Shipment:			Purchase Order:			Sampled By (Signature):		

Turnaround Time (TAT) – Please Check: If No Selection Made, Standard 2 Week TAT Will Apply							Media Type:	
<input type="checkbox"/> 2 Week	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 4 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 2 Day	<input type="checkbox"/> 1 Day	<input type="checkbox"/> Other (Call Lab)	Manufacturer/Part #: Lot #:	

Client Sample ID	Location/Description	Analyte / Method	Media	Flow (lpm)	Sample Time		Volume / Area	Sample Type	Sample Date	Comments
					On	Off				
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
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								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		

Note: Most NIOSH and OSHA methods require field blanks. It is the IH field sampler's responsibility to submit the proper number of field blanks and duplicates.

Released By	Date	Received By	Date

Comments:



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Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Client Sample ID	Location/Description	Analyte / Method	Media	Flow (lpm)	Sample Time		Volume / Area	Sample Type	Sample Date	Comments
					On	Off				
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
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								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
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Comments: