



CHAIN OF CUSTODY FORM

ACM ENVIRONMENTAL CORPORATION
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Please Complete All Sections.

I have read and understood the [Sampling Instructions and Information](http://www.acmenvironmental.com/Downloads.htm) available from the ACM Website under "Downloads" at <http://www.acmenvironmental.com/Downloads.htm> : yes

SECTION 1: Billing Information

Contact:	Address:		
Company:	City:	Province:	Postal Code:
Email:	Phone:	Fax:	

SECTION 2: Sample Information

Site Name & Address:	
Collected By:	Date Collected:
Company:	Company Project No:

Results Within: (please circle)			
Reg. 6 days	Rush 72 hrs	Rush 24 hrs	Rush 2 hrs
<i>Surcharges apply for rush samples Turnaround times are based on the operational hours of 8am-4:30pm (Mon-Fri) excl. holidays</i>			

For Lab Use Only	
Analyst:	Project No:
Date:	

Check all that Apply:
<input type="checkbox"/> Report (Table Incl.)
<input type="checkbox"/> Results Table Only
<input type="checkbox"/> Email
<input type="checkbox"/> Fax
<input type="checkbox"/> Verbal

Requested Services				
Bulk Asbestos Analysis (PLM)	Airborne Asbestos Fibre Counting			

SECTION 3: Sample Details

Lab Use Only ID #	Sample Identification	Location Sampled	Sample Type				

Relinquished By: _____ Date & Time: _____ Received By: _____ Date & Time: _____

Relinquished By: _____ Date & Time: _____ Received By: _____ Date & Time: _____