

# OHCS Chain of Custody

Occupational Health Consultation Services [OHCS, Inc] 209 Catharine Street Phila. PA. 19147 [215]-407-3900

## Airborne Asbestos

### **Contact Information**

Client Company: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Project Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

### **Chain of Custody**

Collected by: \_\_\_\_\_  
 Delivered by: \_\_\_\_\_  
 Received by: : \_\_\_\_\_  
 Analyzed by: : \_\_\_\_\_  
 Results Provided by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

### **Analytical Method Requested:**

\_\_\_\_\_  
 \_\_\_\_\_

### **Special Instructions**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **Turnaround Time**

Preliminary Results Requested Date: \_\_\_\_\_  Verbal  Email  
Specific date / time

10 Day    5 Day    3 Day    2 Day    1 Day    12 Hour    6 Hour    RUSH

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# OHCS Inc. Sample Log

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–Airborne Asbestos –

Sampling Performed by: \_\_\_\_\_ Project #: \_\_\_\_\_

Sampling Date/Time: \_\_\_\_\_

Client Sample #	Lab ID #	Location/Description	Flow Rate [LPM]	<u>Start</u> <u>End</u>	Sampling time (min)	Volume (L)	Results

• Samples have been collected by authorized representatives of OHCS, Inc. 209 Catharine Street Philadelphia PA 19147 – [215]407-3900