



TRI Air Testing, Inc.
A Texas Research International Company

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Document Name :

CHAIN OF CUSTODY

For TRI Use Only	TRI Log Number:				Purchase Order No. :														
	Date Logged-in:				Client Job No.:														
	By:				Project Name:														
REPORT RESULTS TO:	Name:				SEND INVOICE TO:	Name:													
	Company / Dept.:					Company / Dept.:													
	Mailing Address:					Mailing Address:													
	City, State, Zip					City, State, Zip:													
	Tel. No. / Fax No.:					Tel. No. / Fax No.:													
	Email Address:					Email Address:													
Requested Turnaround Time:				ANALYSIS REQUESTED (Enter an "X" in the box below to indicate request; Enter a "P" if Preservative added)															
Special Instructions: (method, limit of detection required, etc.)				Number of Containers														FOL LAB USE ONLY	
* Explanation on Preservative:																			
Client Sample Identification	Date Sampled	Matrix/ Media	Air Volume																
CHAIN OF CUSTODY	Relinquished by:		Date/Time		Received by:		Date/Time:												
	Relinquished by:		Date/Time		Received by:		Date/Time:												
	Relinquished by:		Date/Time		Received at Lab by:		Date/Time:												
Comments:				Sample Condition Upon Receipt:															