TEM, Incorporated

CHAIN OF CUSTODY REPORT

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CLIENT:	Date:	TAT 6 HOUR 12 HOUR 24 HOUR 48 HOUR 72 HOUR >4 DAYS
Contact:	E-Mail:	Project Name/No.
Address:		Results Due by: (Date & Time)
City/State/Zip		TEM Project#:
Phone:	FAX	NVLAP ID 101130 AIHA-PAT 101151 AIHA-AAR 101151

Comments: _____

PO/Quote#: _____

Client ID No.	Description	Sample Volume	PLM				TEM							Comments
			Bulk	Point Count	Gravimetric	Air-AHERA	Air-Other	Bulk	Chatfield	Water	Micro-Vac	PCM-Air	Other	

RELINQUISHED (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME
RELINQUISHED (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME
LOGGED IN BY (SIGNATURE)	DATE/TIME	ANALYZED BY (SIGNATURE)	DATE/TIME