

TECHTRON ENGINEERING, INC.
MOLD SAMPLING CHAIN OF CUSTODY

Page ____ of ____

Turnaround Time: Normal (48 hr.) Rush (call for avail.)

Company:	Contact:	Phone:	<u>Lab Use Only</u>
Billing Address:	Email or fax:		
Sample Location:	Job #:		

Lab #: _____
 Date Rec'd: _____ By: ____
 Date Analyzed: _____ By: ____

Sample #	Date	Sample Medium	Location	Description (volume/area)	Notes/Comments

Sampled by: _____ Date: _____ Time: _____

Relinquished by: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____