


PSC Analytical Services

4418 Pottsville Pike

Reading, PA 19605

phone: (610) 921-8833

fax: (610) 921-9667 or 921-8407

CHAIN OF CUSTODY

PSC Work Order #

Page 1 of 1

Report Results To:	PO #	Quote #	
	Name		
	Company		
	Mailing Address		
	City	State	ZIP
Submit Invoice To:	Telephone #		Fax #
	Name		
	Company		
	Mailing Address		
	City	State	ZIP
Telephone #		Fax #	
Credit Card Info (include exp. date)			

JOB ID: 1112-0340
ANALYSIS REQUESTED

Use attachments if necessary.

Please specify method requirements.

Preservatives Key:

A = Ascorbic Acid

C = HCl N2 = NaS2O3

H = HNO3 S = H2SO4

I = Ice Z = ZnAcetate

N = NaOH X = None

O = Other: _____

Sampled by: Vincent J. Gentry Sampling Location (Specify State): _____
 Due Date: _____ (Rush TAT requires Lab approval)

REPORTING REQUIREMENTS (Circle all that apply)

Full Data Package Reduced Deliverables Package Electronic Data Deliverables

UST NPDES MIPP RCRA Stormwater DEP (PWS # _____)

ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L or min)	Matrix Type	Sampling Info																	
				Date	Time																
1	HIC-0227-1M-P001	1.00 L	Asbestos	1/2/02																	
2	HIC-0227-1M-P002	1.00 L	Asbestos																		
3	HIC-0227-1M-P003	1.00 L	Asbestos																		
4																					
5																					
6																					
7																					
8																					
9																					
10																					

(1) Relinquished by:	Date	Time	(2) Received by:	Date	Time	(3) Relinquished by:	Date	Time
(4) Received by:	Date	Time	(5) Relinquished by:	Date	Time	(6) Received at Lab:	Date	Time

Method of Delivery: UPS FED-EX PAS Courier Client US Mail Other _____

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