

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

CHAIN OF CUSTODY

PSC Work Order #
R020601049

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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)			
Sampled by: [Signature] 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 container)	
				Matrix Type	
				Sampling Info	
				Date	
				Time	
1		ATC-0611-234M-M1		1200	
2		ATC-0611-234M-M2		1200	
3		ATC-0611-234M-M3		1200	
4		ATC-0611-234M-M4		1200	
5		ATC-0611-234M-M5		Blank	
6		ATC-0611-234M-M6		Blank	
7					
8					
9					
10					
(1) Relinquished by:		Date		Time	
(4) Received by:		Date		Time	
(2) Received by:		Date		Time	
(5) Relinquished by:		Date		Time	
(3) Relinquished by:		Date		Time	
(6) Received at Lab:		Date		Time	

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