



# ACM Engineering & Environmental Services, Inc.

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## Chain-of-Custody / Analysis Request Form

ACM PROJECT NUMBER

CLIENT / CONTACT / SITE INFORMATION	
Contact:	Client/Company Name & Address: ..... ..... .....
Phone:	
E-Mail:	
Reference Number:	
Sampled By:	<input type="checkbox"/> CHECK THE PROVIDED BOX IF THE CLIENT & SITE ADDRESS ARE THE SAME Site Address: ..... .....
Date Sampled:	.....
FOR LABORATORY USE ONLY: <input type="checkbox"/> Samples received in proper condition for requested analysis.	
LABORATORY PROJECT ID #:	

TURN AROUND TIME
<input type="checkbox"/> RUSH Under 24 Hours Special Request
<input type="checkbox"/> 24 Hours
<input type="checkbox"/> 2 - 3 Days
<input type="checkbox"/> 4+ Days
<small>NOTE: The turn around time is defined as the amount of time the laboratory is given to complete analysis from the moment of receipt in the laboratory.</small>

COMMENTS
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REQUESTED ANALYSIS					
Asbestos Bulk (PLM)	Asbestos Point Count	Fungal Spore Trap Analysis (Air)	Fungal Direct Examination (Tape)	Colitag P/A E. Coli Fecal Coliform Bacteria	Other: Please Specify

SAMPLE ID	SAMPLE DESCRIPTION/SERIAL NUMBER	SAMPLE LOCATION	AREA/VOLUME/MATERIAL	Asbestos Bulk (PLM)	Asbestos Point Count	Fungal Spore Trap Analysis (Air)	Fungal Direct Examination (Tape)	Colitag P/A E. Coli Fecal Coliform Bacteria	Other: Please Specify

Submitted/Relinquished By:	Date/Time:	Received/Accepted By:	Date/Time:	Samples Processed By:	Date/Time:
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