

SAMPLE SUBMISSION - CHAIN OF CUSTODY FORM

<i>Kinetic Project #:</i>	
Company: (If applicable)	Contact Name:
Telephone:	Email:

ASBESTOS BULK (NIOSH 9002) (Please check one)	Other Analysis - _____
<input type="checkbox"/> REGULAR (5 DAYS)	<input type="checkbox"/> 3-Day Analysis
<input type="checkbox"/> 24-Hour Analysis	<input type="checkbox"/> 48-Hour Analysis
<input type="checkbox"/> Same Day RUSH Analysis	

* Note: Payment is required prior to analysis.

PROJECT NUMBER / PO#:	
SITE ADDRESS:	
DATE COLLECTED:	

	Sample Location (e.g. Basement – Kitchen - West Wall)	Material
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I acknowledge that the submission of these samples is for information purposes and may not meet the requirements of Part 6 of the WorkSafeBC OH&S Regulation/Guidelines which requires the samples to be collected by a Qualified Person. The minimum number of samples and the quantity of material submitted may not meet the requirements outlined in the WorkSafeBC publication "Safe Work Practices for Handling Asbestos".

Acknowledged & Submitted By:	Date:	Received By:	Date:
	Time:		Time: