

# Chain of Custody



Tel: 01536 682 250  
Email: lab@wksg.co.uk

Company Name & Address:												Analysis Required											
P/O #:			Project Name:									Nitrate Salts	Chloride Salts	Sulphate Salts	Gravimetric Moisture	Bio Tape-Lift	Air-O-Cell DMA	Mycometer Swab	Total Viable Count	E.coli / Coliforms	Salmonella	Water Analysis	OTHER
Project Ref:			Project Address:																				
Sample Reference Information						Wall Samples Only		Matrix															
Sample I.D. #		Location / Reference #		Sample Material		Height	Depth	Plaster	Mortar	Brick	Block	Drywall											
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
COMMENTS:																				Sheet ___ of ___			
Sampler Name (Print):		Signature:		Sent Date:		Time:		<i>Take Copy, pass on original</i>		Container Types Enclosed		Canister	Air-O-Cell	Turnaround Required		Lab Use Only							
									25mm PCM			Same Day											
Lab Tech Name:		Signature:		Received Date:		Time:		<i>Take Copy, file original</i>	Bag			Bio Tape-Lift	24 Hrs										
								Swab				48 Hrs											

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Company Name & Address:													Analysis Required											
A. N. Other Restoration, Unit 55, Any Business Park, AnyCity, Postcode													Nitrate Salts	Chloride Salts	Sulphate Salts	Gravimetric Moisture	Bio Tape-Lift	Air-O-Cell DMA	Mycometer Swab	Total Viable Count	E.coli / Coliforms	Salmonella	Water Analysis	OTHER
P/O #:			Project Name:			Project Address:																		
12345			Mrs Smith			205 AnyStreet, Anytown, Postcode																		
Sample Reference Information													Wall Samples Only		Matrix									
Sample I.D. #		Location / Reference #		Sample Material		Height	Depth	Plaster	Mortar	Brick	Block	Drywall	Other											
1	n/a	n/a	Dining Room	Plaster	120mm	10mm	x						x											
2	3461	2877	Lounge	Air									x									x		
3	n/a	n/a	Kitchen	Water									x									x		
4																								
5																								
6																								
7																								
8																								
9																								
10																								

EXAMPLE

COMMENTS:													Sheet ___ of ___														
Sampler Name (Print):			Signature:			Sent Date:			Time:			Take Copy, pass on original			Container Types Enclosed			Canister		Air-O-Cell		Turnaround Required			Lab Use Only		
Paul Smith												Bottle		25mm PCM				Same Day									
Lab Tech Name:			Signature:			Received Date:			Time:			Take Copy, file original						Bag		x Bio Tape-Lift		24 Hrs			x		
															Swab				48 Hrs								