

Method of Analysis		Samples	Information		Turn Around Time	Sample Damage	Copies
<input checked="" type="checkbox"/> Identification	<input type="checkbox"/> EPA-600		<input type="checkbox"/> Carrying	<input type="checkbox"/> Sampling		<input type="checkbox"/> Yes	
<input type="checkbox"/> Quantitative analysis	<input type="checkbox"/> TEM		<input type="checkbox"/> Shipped			<input type="checkbox"/> No	

Requester :
 Responsible :
 Address :
 Tel : Fax :
 Direct :
 Performed for :
 Address :
 Contract No. :
 Project name :
 Location :
 Sample taken by :

Sample No	LAB Sample ID No.	Location	Bldg. No	Friability F/NF	Asbestos Present/Type	%	Other Fibrous	%

Sampling Date :
 Room :
 Taken From :
 Comments :
 Analyst Comment :

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Sampling Date :
 Room :
 Taken From :
 Comments :
 Analyst Comment :

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Sampling Date :
 Room :
 Taken From :
 Comments :
 Analyst Comment :

[Analyst Comment]

[Clients Discussion]

Signature date	Relinquished by	Received by	Analyst	Report	Check	Lab Director	OEAC-F-02-1 (Rev.5) Revision Date:2015.9.15