ATEL, LLC 5817 Pine Ave Suite B-2, Chino Hills, CA 91709, Ph: 909.393.3330, E-mail: laboratory@ateltesting.com for inquiries

Analytical Services Request v.112414 ***Supplemental*** Pg _____ of _____

Asbestos Laboratory

Your Contact Information

Company Name (if by company): _____

Personal/Company Address: _____

Contact Person: _____

Contact Information: Main: _____ E-Mail: _____

Mobile: _____ Fax: _____

Project Information

Project Name: _____

Project #: _____

Project Location: _____

PO#: _____ **Claim#:** _____

Date Sampled: **Time Sampled:**

Sample Information (cont.)

Sample ID #	Description/Material Type	Location	Flow Rate	Start Time	Stop Time	Volume (L)

Please make copies of this sheet if you need more space for samples. Page # indication in upper-right-hand of form.

Chain of Custody

Relinquished By: _____ Date *and* Time: _____

Received By: _____ Date *and* Time: _____

Relinquished By: _____ Date *and* Time: _____

Received By: _____ Date *and* Time: _____