HBM Lab Job Number:

Due Date:



Chain of Custody Form

HBM Environmental Laboratory Ltd.

218-2323 Quebec Street, Vancouver, BC, V5T 4S7

Phone: (604) 618-1582; Email: priscilla@hbmenvlab.com

Website: www.hbmenvlab.com

Client Information:													
Company:					Billing Address:								
Report To (Name):	!												
Email:					Phone:								
Project Information	1:												
Site Address:													
Project Name:	Sample Collected By:				Collected On:								
Turnaround Time (Turnaround time	e is based on <u>b</u>	ousiness day: I	Monday to Fr	iday, 8:00AM to	5:00PM	, excludin	g statut	ory hol	lidays.)			
5 Days 3	Days 🔲 2	2 Days	1 Day		ay (Bulk)	4 Hou	ırs (Air/Ve	erm) 🕻		2 Hours	(Bulk	/Air) [
Sample Information	า:			1:00PM	Cut-Off	1:00F	M Cut-Of	f	;	3:00PN	1 Cut-(Off	
			ed (eg. Kitchen, Living Room, Exterior, etc.)			Sa	Sample Type (eg. Se			Service(s) Required (Please Check):			
LAB USE ONLY	Sample ID & L	Location Sampi	led (eg. Kitche	n, Living Roor	n, Exterior, etc.)		wall, Floo		Bulk	Verm	Air	Lead	Mold
		1	Т						1				1
Relinquished By: (Signature/Print) Date:				Time:	Received By: (Signatur	e/Print)	Date:			Tiı	me:	



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LAB USE ONLY	Sample ID & Location Sampled	Sample Type	Services Required (Please Check):					
			Bulk	Verm	Air	Lead	Mold	
					1			

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