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:											
Name:														
Email:				Phone:										
Project Information	:													
Site Address:														
Project Name/ PO Number:				Collecte	Collected By:				Collect On:					
Turnaround Time: (Turnaround time i	s based on l	husinass d	lav: Monday to	Eriday 9:	00	ovelud	ing statut	ory bolida	.vc \				
5 Days	4 Days		<u>busiliess u</u>	3 Days	rriuay, o.	2 Days		ing statut	1 Day					
End of Day	shestos Bulk Analy	sis Only)	4 Hours	Cut-Off (Asbes	tos Verm 8		2 Hours	Cut-Off (Ashestas I	Rulk An	alvsis Or	nlv)		
Sample Information		<u> </u>									<u>, c.</u>			
Lab ID Number	Sample ID & Location Sampled (eg. Kitchen, Living Room, Exterior, etc.)					(eg Dravall Floor Tile)		Service(s) Required (Please Check):						
								Asbestos Bulk	Asbestos Verm	Asbesto Air	i ead ivid			
Relinguished By: (Si	ignature/Print)	Date:		Time:	Received	By: (Signature/Pri	int) Da	ate:		Т	ime:			
Relinquished By: (Signature/Print) Date:					7. (Signature) i init									



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