



ADAM LABORATORIES, INC.

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Lab #	_____
Lab #	_____
Lab #	_____

ASBESTOS AND MOLD SAMPLE COLLECTION

CLIENT:	SITE:
ADDRESS:	ADDRESS:
PHONE: ()	JOB/CLAIM:#
FAX: ()	SAMPLED BY:

**** KEY - AIR SAMPLE: B = BACKGROUND E = EXCURSION A = AREA P = PERSONAL C = CLEARANCE Lpm = LITERS PER MINUTE AVERAGED**

SAMPLE NUMBER	SAMPLE DATE	*TEST CODE	**AIR SAMPLE	SAMPLE LOCATION <i>(and/or worker ID)</i>	SAMPLE DESCRIPTION			LAB USE
					<i>and/or time on-off</i>	<i>min.</i>	<i>Lpm</i>	
1			B E A P C					
2			B E A P C					
3			B E A P C					
4			B E A P C					
5			B E A P C					
6			B E A P C					
7			B E A P C					
8			B E A P C					
9			B E A P C					
10			B E A P C					
11			B E A P C					
12			B E A P C					
13			B E A P C					
14			B E A P C					
15			B E A P C					
16			B E A P C					
17			B E A P C					
18			B E A P C					
19			B E A P C					
20			B E A P C					

* KEY - TEST CODE

AA = Asbestos Air sample analysis Phase Contrast Microscopy (PCM)
 AB = Asbestos Bulk sample analysis Polarized Light Microscopy (PLM)
 MA = Mold Air sample analysis non-viable ID (Air-O-Cell cassette)
 MS = Mold Surface sample analysis non-viable ID (tape-lift, swab, or bulk)

CHAIN OF CUSTODY

RELINQUISHED BY:	DATE:
RECEIVED BY:	DATE:
RELINQUISHED BY:	DATE:
RECEIVED BY:	DATE:

CIRCLE ONE: RUSH 24 HR. 48 HR. 72 HR.

white copy = lab (sample submittal) yellow copy = client (retainable)