

Environmental Sciences, Environmental Inorganic Chemistry Laboratory  
**Environmental Lead Analysis Request and Chain of Custody Record**

**Facility Name:** \_\_\_\_\_ (if applicable) **Owner Name:** \_\_\_\_\_

**Testing Site Address:** \_\_\_\_\_ (Street) **Owner Address:** \_\_\_\_\_ (Street)

\_\_\_\_\_  
 (City) (Zip Code) (City) (State) (Zip Code)

**County:** \_\_\_\_\_

**Report to:** \_\_\_\_\_ **EIN#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ (Street) **Phone #:** \_\_\_\_\_

\_\_\_\_\_  
 (City) (Zip Code) **Health Dept** \_\_\_\_\_  
**Agency/Org:** \_\_\_\_\_

**Sample Type** DW = Dust wipe S = Soil/Ashes O = Other  
 PC = Paint chip T = Toy F = Food/spice

**Surface Type** FL = Floor WT = Window trough MB = Miniblind O = Other  
 (dust wipe only) CP = Carpet SL = Window sill TB = Tub/sink

Laboratory Number	Field Sample #	Sample Type	Sample Description	For Dust Wipes Only	
				Surface Type	Length x Width (in inches)
					X
					X
					X
					X
					X
					X
					X
					X
					X

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ AM/PM

Collected By: \_\_\_\_\_ Remarks: \_\_\_\_\_

For Lab Use Only  
 Date and Time of Sample Receipt:

**Chain of Possession:**

- \_\_\_\_\_  
 (Signature) (Title) (Inclusive Dates)
- \_\_\_\_\_  
 (Signature) (Title) (Inclusive Dates)
- \_\_\_\_\_  
 (Signature) (Title) (Inclusive Dates)

**Results Reported By:**

\_\_\_\_\_  
 (Signature) (Title) (Inclusive Dates)