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Lead Chain-of-Custody

Laboratory Use Only:

*All Submitted Dust Wipe Samples Meet ASTM E1792 Requirements.

Client Name: _____ Testing Address: _____ City/State: _____ Order Number: _____	Sample Type <input type="checkbox"/> Dust wipe <input type="checkbox"/> Water <input type="checkbox"/> Soil	Turn-Around Time <table><tr><td><input type="checkbox"/> 3 Days</td><td><input type="checkbox"/> 5 Days</td></tr><tr><td><input type="checkbox"/> 1 Week</td><td><input type="checkbox"/> Weekend</td></tr></table>	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 1 Week	<input type="checkbox"/> Weekend	Inspector's Information Name: _____ Signature: _____
<input type="checkbox"/> 3 Days	<input type="checkbox"/> 5 Days						
<input type="checkbox"/> 1 Week	<input type="checkbox"/> Weekend						

Client Sample ID	Collection Date	Collection Location [BR, LR, KT, BA, FL, D, WS]	Area (In Inches) Length X Width
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X
			X

Released by:	Signature:	Date/Time:
Received by:	Signature:	Date/Time: