

Focus

## Sample Custody Sheet

## Asbestos Air Monitoring Information

□ Tauranga

□ Christchurch

All samples must be accompanied by the information below, either by post / Courier or drop off. Please tick the location above in which you are submitting the sample(s).

Sampling details:

Date:					PO No.				
Sender	/ Sampler	rs Name	ə:						
Phone N	No.			Er	nail Address:				
Compar	ny Name:	(If appl	icable)						
Postal A	Address:								
Sample	Address	/ Samp	les Tak	en From (if differ	ent to above)				
All samp	les are to	be turn	ed arou	Ind in 24 hours, no	t counting week	kends or put	lic holida	/S.	
	e Laborato nd time m			our to meet the ab	ove, at busy tim	es or for sev	veral sam	ples,	
	nitting thes terms and			u acknowledge tha rade.	t you agree with	n Eurofins E	nvironmer	ntal Testing NZ	
				earance (CL), Cor ), Work Area (WA		Blank (FB),	Leak (L),	Personal (P),	
Lab Sample No.	Client Sample No.	Cowl No.	Test Type	Sample Location	Flow rate (L)	Total time run (Minutes)	Start time	End time	

Laboratory use only:

Job Number:	Date Received:				
Date Analysed:	Name of Analyst:				
Are the samples suitable for analysis?	Yes	No			
If samples are not suitable for analysis, advise client an seek advice on proceeding					

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