

Ship to: 7340 – 82nd Avenue Edmonton Alberta T6B 0G2 RH Services Contact: Reception e-mail: reception@rhservices.ca Telephone: (780) 440-4880 Fax: (780) 440-4890

Service	s Inc.							1	1	1	1	1	
	CHAIN OF CUSTODY/ANALYTICAL REQUEST FORM											tion	
	DATE SUBMITTED:	_ DATE REQU	DATE REQUIRED:				Count					cteriza	
	SERVICE REQUESTED: o REGULAR o PRIORITY							Ч	pluot	ounts	aint	Particulate Characterization	irameter
	All hazardous samples submitted must be labelled to comply with WHMIS regs, including the nature of the hazard, a contact name and phone number of a contact to supply information.							Mould bulk	Viable mould	Spore Counts	Lead in Paint	Particula	Other Parameter
Sample ID		Sampled By	Date/Time Sampled	Volume	Sample Type								

CLIENT INFORMATION:	RELINQUISHED BY: DATE: RECI	EIVED BY: DATE:
Account # QUOTE #		
JOB #		
	TIME:	TIME:

Page ____ of ____