


CHAIN OF CUSTODY RECORD

Client/Project Name:		Project Location:			ANALYSES REQUESTED						
Project Number:		Purchase Order Number:			/ / / / / / / / / / / /						
Sampler: <i>(Signature)</i>		Turnaround Times: Standard 10 day Expedited: 24hr / 48hr / 72hr / 5 day									
Client Sample Identification	Type of Sample Canister ID	AtmAA Lab Number	Sampling Date	Sampling Time							
Relinquished by: <i>(Signature)</i>			Date	Time	Received by: <i>(Signature)</i>			Date	Time		
Relinquished by: <i>(Signature)</i>			Date	Time	Received by: <i>(Signature)</i>			Date	Time		
Relinquished by: <i>(Signature)</i>			Date	Time	Received for Laboratory by: <i>(Signature)</i>			Date	Time		
Company Info:		Send Report to:			Analytical Laboratory						
Company: _____		Company: _____			AtmAA Inc.						
Street Address _____		Street Address _____			23917 Craftsman Rd.						
City/State/Zip: _____		City/State/Zip: _____			Calabasas, CA 91302						
Telephone No.: _____		Project Manager: _____			TEL: (818) 223-3277						
Email Address: _____		Email Address: _____			Email Address: info@atmaa.com						