ACS ENVIRONMENTAL TESTING LTD CHAIN OF CUSTODY FORM AND ANALYSIS REQUEST

Client :		Date Samples Despatched :	
Address :		Samples Despatched by :	
		Sampler ID :	
Tel :	Fax :	Quote Reference :	
Contact Name :	e.mail :	Order No.	
Site/Project Name		Turnaround Time Required (Working Days)	
Project ID		AGS Format (please tick if required)	

ENVIRONMENTAL

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Sheet ..... of .....

One project per sheet please

Sample Details					Suite Name or Analysis Required
Location [HOLE_ID]	Sample Depth (m) [SAMP_TOP]	Sample Reference [SAMP_REF]	Sample Type [SAMP_TYPE]	Date of Sampling	

Special Instructions / Known Hazards :

Please indicate the analysis required for each sample by marking the appropriate box

Date Received :	*Time :*	*ACSE Lab Schedule No*

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