|  | **Chain of Custody Record for Asbestos Bulk Samples** | **(FORM 15)** |
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| 1. | CDB Bldg. No.: |       | 2. | Batch **#:** |       |
| 3. | Facility Name: |       | 4. | CDB Project #: |       |
| 5. | Building Name: |       | 6. | Date Samples Collected: |       |
| 7. | Name of Inspector: |       | 8. | Project Name: |       |
| 9. | License #: |       | 10. | Sample Numbers: |       |
|  |  |
|  |  |
|  |  | 11. | Total # Samples: |       |
|  |  |
| 12. | Sample numbers relinquished: |       | Total # Samples: |       |
|  | Relinquished by: |       | Representing: |       |
|  | Signature: |  |
|  | Method of Transmission: |       |
|  | Date and Time: |       |
|  |  |
|  | Sample numbers received: |       | Total # Samples: |       |
|  | Received by: |       | Representing: |       |
|  | Signature: |  |
|  | Condition of Sample Upon Receipt: |       |
|  | Date and Time: |       |
|  | Reason for Obtaining Sample: |       |
|  |  |
| 13. | Sample numbers relinquished: |       | Total # Samples: |       |
|  | Relinquished by: |       | Representing: |       |
|  | Signature: |  |
|  | Method of Transmission: |       |
|  | Date and Time: |       |
|  |  |
|  | Sample numbers received: |       | Total # Samples: |       |
|  | Received by: |       | Representing: |       |
|  | Signature: |  |
|  | Condition of Sample Upon Receipt: |       |
|  | Date and Time: |       |
|  | Reason for Obtaining Sample: |       |
|  |  |
| 14. | Sample numbers relinquished: |       | Total # Samples: |       |
|  | Relinquished by: |       | Representing: |       |
|  | Signature: |  |
|  | Method of Transmission: |       |
|  | Date and Time: |       |
|  |  |
|  | Sample numbers received: |       | Total # Samples: |       |
|  | Received by: |       | Representing: |       |
|  | Signature: |  |
|  | Condition of Sample Upon Receipt: |       |
|  | Date and Time:  |       |
|  | Reason for Obtaining Sample: |       |
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| **Chain of Custody Record for Asbestos Bulk Samples** |
| 15. | Bldg. #: |       | 16. | Batch #: |       |  | 17. | Page # |       |
|  |  |
| 18. | Sample numbers relinquished: |       | Total # Samples: |       |
|  | Relinquished by: |       | Representing: |       |
|  | Signature: |  |
|  | Method of Transmission: |       |
|  | Date and Time: |       |
|  |  |
|  | Sample numbers received: |       | Total # Samples: |       |
|  | Received by: |       | Representing: |       |
|  | Signature: |  |
|  | Condition of Sample Upon Receipt: |       |
|  | Date and Time: |       |
|  | Reason for Obtaining Sample: |       |
|  |  |
| 19. | Bldg. #: |       | 20. | Batch #: |       | 21. | Page # |       |
|  |
|  | Sample numbers relinquished: |       | Total # Samples: |       |
|  | Relinquished by: |       | Representing: |       |
|  | Signature: |  |
|  | Method of Transmission: |       |
|  | Date and Time: |       |
|  | Sample numbers received: |       | Total # Samples: |       |
|  | Received by: |       | Representing: |       |
|  | Signature: |  |
|  | Condition of Sample Upon Receipt: |       |
|  | Date and Time: |       |
|  | Reason for Obtaining Sample: |       |
|  |  |
| 20. | Sample numbers relinquished: |       | Total # Samples: |       |
|  | Relinquished by: |       | Representing: |       |
|  | Signature: |  |
|  | Method of Transmission: |       |
|  | Date and Time: |       |
|  |  |
|  | Sample numbers received: |       | Total # Samples: |       |
|  | Received by: |       | Representing: |       |
|  | Signature: |  |
|  | Condition of Sample Upon Receipt: |       |
|  | Date and Time: |       |
|  | Reason for Obtaining Sample: |       |
|  |  |
| 21. | Sample numbers relinquished: |       | Total # Samples: |       |  | Total # Samples: |       |
|  | Relinquished by: |  | Representing |       |  | Representing: |       |
|  | Signature: |  |  |  |  |
|  | Method of Transmission: |       |  |  |  |
|  | Date and Time: |       |  |  |  |
|  |  |  |  |  |
|  | Sample numbers received: |       | Total # Samples: |       |  | Total # Samples: |       |
|  | Received by: |       | Representing |       |  | Representing: |       |
|  | Signature: |  |  |  |  |
|  | Condition of Sample Upon Receipt: |       |  |  |  |
|  | Date and Time: |       |  |  |  |
|  | Reason for Obtaining Sample: |       |  |  |  |