

Client:

KAM CONSULTANTS **35-40 36TH STREET** LONG ISLAND CITY, **NEW YORK, 11106** TEL: (718) 729-1997 FAX: (718) 729-1876

## CHAIN OF CUSTODY FOR LEAD IN DUST (WIPE SAMPLING)

Project #:											
<b>Building Addr</b>	ess:										
Date and Time	of Collection:	Method of S	Method of Shipment: Abatement Status:								
Samples Collec	cted by:	Abatement S									
Sample #	Location	Surface Type (Circle one)	Area (L*W)	Laboratory Results (µg Pb/ft2)	Remarks (μg/wp)						
		FL / WS / WT / Other:									
		FL / WS / WT / Other:									
		FL / WS / WT / Other:		,							
	·····	FL / WS / WT / Other:									
		FL / WS / WT / Other:									
		FL / WS / WT / Other:									
		FL / WS / WT / Other:		7							
		FL / WS / WT / Other:									
·		FL / WS / WT / Other:	<del></del>								
		FL / WS / WT / Other:									
		FL / WS / WT / Other:									
		FL / WS / WT / Other:									
		FL / WS / WT / Other:									
	-	FL / WS / WT / Other:									
FL = Floor, WS =	= Window Sill, WT = Window	Trough									
Relinquished b	y:	Analyzed by:									
Date and Time	•	Date:									
Received By:		Turnaround Time	:								
Date and Time	•	A/R Comments:	A/R Comments:								



PROJECT NO.:

## ASBESTOS BULK SAMPLING CHAIN OF CUSTODY FORM

CLIENT:		
LAB ID NO.:		

KAM CONSULTANTS 35-40 36th STREET LONG ISLAND CITY, NEW YORK, 11106 TEL: (718)-729-1997 FAX: (718)-729-1876

DATE:

PROJE	CT PR	OPERTY A	DDRESS	:									
REPOI	RT TO (	CLIENT):				PHONE:			EMAIL:				
SAMPI	LES CO	LLECTED	BY:		SIGNATURE:								
ANAL	YSIS RE	EQUESTED	): 🗆 PL	LM □	NOB TEN	1 DO	THER (SPEC	CIFY):					
SMPL NO.	НА	НМ	SF/LF	COND- ITION		MATERAIAL I DE TILE DIME APPLICABL		COLOR	SAMPLE LOC	CATION			
						<u> </u>							
						***************************************							
									The second secon				
										Annotation			
						·							
	(2)												
				***************************************									
				NOT	E: 🗆 ANAI	YZE ALL	□ STOP A	T 1ST POSITIV	E				
CONDIT					MOGENEOUS				SQUARE FEET LF: LINEAR F AMAGED (>10% OF TOTAL OF				
CONDIT	ТОПСОВІ	23:11 – 11 174	er b-bawi	AGED ( 10			CUSTOD		AMAGED (>10% OF TOTAL OF	(~23% EOCALIZED)			
				$\Box$	C	TURN		1					
RELINQUISHED BY: (NAME AND SIGN)				) DA	ATE & TIME	AROUND SUBMITTAL		RECEIVED	BY: (NAME AND SIGN)	DATE & TIME			
1.								1.					
2.								2.					
					L	AB INFO	RMATION	7					
,	ANALYZE	ED BY: (FULL	NAME)		S	IGNATURE		DATE	A/R COMME	ENTS			
1.													
								I					

04/10/2025 by KK

Page \_\_\_\_ Of \_\_\_\_

## kam

CHAIN OF CUSTODY

KAM CONSULTANTS 35-40 36th Street Long Island City New York, 11106 Tel: (718) 729-1997 Fax: (718) 729-1876

## CHAIN OF CUSTODY FOR ASBESTOS AIR MONITORING

CLIENT: PROJECT: SAMPLING DATE:

ADDRESS:

**WORK AREA:** 

FIELD DATA										LAB ANALYSIS					
SAMPLE ID#	TYPE	LOCATION	RESP	R	TIME IN	TIME	TOTAL TIME (minutes)	FLOW IN (lpm)	FLOW OUT (lpm)	VOLUME (liters)	FIBERS PER FIELD	FIBERS PER CC	FIBERS PER MM <sup>2</sup>	LAB ID#	CASSETTE 25MM 37MM
															TEST METHOD:
			T												PCM TEM
															TURN-AROUND TIME:
															IMMEDIATE
															12-HOUR
															24-HOUR
															48-HOUR
															ANALYST:
			T												
			T												
			T												DATE OF ANALYSIS:
			T	T											
SAMPLE TYPE: B=PRE-ABATEMENT, C=DURING ABATEMENT, D=POST-ABATEMENT  L= AIR QUALITY, M = COMPLIANCE MONITORING									DOE W/O#:			SCA PROJECT # (if applicable) SCA PROJECT ID:			
SAMF	PLE E=OUTSIDE WORK AREA, F=INSIDE WORK AREA, G=MICROTRAP EXHAUST DISCHARGE						3E	KAM#: SCA SERVICE ID: KAM#:							
	RESPIRATORS: 1 = HALF FACE, 2 = PAPR, 3 = TYPE C, 4 = OTHER (SPECIFY):  TYPE OF WORK: 1 = BLDG DECON, 2 = PLASTICIZING, 3 = GROSS REMOVAL, 4 = GLOVEBAG, 5 = CLEANING, 6 = ENCAPSULATION, 7 = BAGOUT, 8 = OTHER (SPECIFY):					IING,	NYCHA PROJECT # (if applicable)  NYCHA AUTH #:  OTHER:								
TECHNIC								CALIE	BRATION D	ATE:			P	AGE OF	

Time

Date

Comments

Submittal Method

Relinquished by: (Full Name & Sign)

Date & Time

A/R

Received by: (Full Name & Sign)