Lab Batch NO._____

Environmental Management and Testing Services (EMTS)

SAMPLE SUBMISSION / CHAIN OF CUSTODY FORM

P.O. Box 3861, Oshkosh WI 54903
Phone (920) 376-1372
Email jerry@emts-wi.com
Website www.emts-wi.com

Client Name	Phone Fax
Address	Email
City, State, Zip	Date of Sample Page of

Project Description / Location	Representative Name

Turnaround Priority - 3hr 6hr
Normal - 24hr 48hr 72hr 5day

Sample #	Room / Location	Material Description / Color / Condition	Quantity	Analysis Requested / Comments

Relinquish By	Date	Inspector #	Received By	Date / Time