



INDOOR ENVIRONMENTAL
CONSULTING & LABS

CHAIN OF CUSTODY

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Murarrie QLD 4172

LAB USE ONLY

Laboratory Reference:

Client Reference:		Purchase Order:		Please tick:	
Site address:				Pre-Remediation:	<input type="checkbox"/>
Sampled by:				Progress:	<input type="checkbox"/>
Company submitted by:		Contact Phone No.:		Post-Remediation:	<input type="checkbox"/>
Company Address:				Data only?	<input type="checkbox"/>
Email for reports:					

Sample Number or Serial Number	Sample Type	Sample Location	Date Sampled	Flow Rate**	Sampling Duration	Analysis Requested (see legend below)
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O
	AOC/BT/SW					M/E*/SC/O

Comments:

Legend:			**Default flow rate is 15LPM <i>*E coli samples must be refrigerated for transit min. 4°C. No E coli samples accepted on Fridays</i>	Relinquished by:	Date:
AOC - Air-O-Cell	BT - Bio-tape	SW - Swab			Time:
M - Identification of Mould	E - E. Coli			Received by:	Date:
SC - Soot & Charcoal	O - Other (please specify)				Time: