



Sarcova Industries Inc.  
 4183 McConnell Drive, Burnaby BC V5A 3J7  
 604-336-9880

|  |                   |
|--|-------------------|
| <b>Lead (Pb) Analysis Chain of Custody</b> | Sarcova Project # |
|--|-------------------|

|                |  |
|----------------|--|
| <b>Client:</b> |  |
| <b>Email:</b>  |  |
| <b>Phone:</b>  |  |

|                          |  |
|--------------------------|--|
| <b>Project Location:</b> |  |
| <b>Client Project #</b>  |  |

| Select                   | Matrix            | Method                | Reporting Limit |
|--------------------------|-------------------|-----------------------|-----------------|
| <input type="checkbox"/> | Paint Chips       | SW846-7000B FAAS      | 90ppm (0.009%)  |
| <input type="checkbox"/> | Air*              | NIOSH 7082 FAAS       | 5µg/sample      |
| <input type="checkbox"/> | Wipe (ASTM E1792) | SW846-7000B FAAS      | 10µg/sample     |
| <input type="checkbox"/> | Wastewater*       | SW846-7000B FAAS      | 0.4ppm          |
| <input type="checkbox"/> | TCLP†             | SW846-1311/7000B FAAS | 0.4ppm          |

|                     |                  |
|---------------------|------------------|
| Sampler Name: _____ | Signature: _____ |
|---------------------|------------------|

**Turn Around Time**    3 Hour    6 Hour    24 Hour    2 Day    3 Day    4 Day    5 Day

\* 3 Hour Turn Around Time applicable only to Air and Wastewater samples  
 † 2 - 5 Day Turn Around Time available for TCLP samples

| Sample # | Location | Volume/Area | Date Sampled |
|----------|----------|-------------|--------------|
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|                          |                 |             |
|--------------------------|-----------------|-------------|
| Number of samples: _____ | Date: _____     | Time: _____ |
| Relinquished By: _____   |                 |             |
| Print _____              | Signature _____ |             |

|                     |             |             |
|---------------------|-------------|-------------|
| <b>LAB USE ONLY</b> |             |             |
| Received By: _____  | Date: _____ | Time: _____ |
| Comments: _____     |             |             |