CHAIN OF CUSTODY

MAS

Co. Name: _____ Phone: _____
Address: _____ Fax: _____
_____

3945 Lakefield Court
Suwanee, Georgia 30024
PH: (770) 866-3200
FAX: (770) 866-3259

Project #: _____
Project Name: _____
Work Area Description: _____
Project Representative: _____
MAS Project Number: _____

Sheet _____ of _____

Date	Sample No.	Sample Location	Sample Type

Chain of Custody	Initial Ship Date	Mode of Transfer	Log-in Date	Received By:
First Transfer By:				
Second Transfer By:				
Third Transfer By:				