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Chain of Custody Record

Page ____ Of ____

OSB Lab No.:

From: Company _____ Address _____ _____ Name _____	Phone No.:	Direct Questions & Reports To:	P.O. No.:		
	Fax No.:		Relinquished By (Signature):	Date:	Time:
	Project Name/No.:			Received By (OSB Lab Signature):	Date:

Type of Sample: ☐ Sorbent tube ☐ Charcoal tube ☐ Gas Bag ☐ Other (Specify) _____	Rush Analysis: ☐ Yes ☐ No
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					Check off one of the three choices in each of the columns below											
SAMPLE	SAMPLE ID/Description	DATE SAMPLED	ANALYSIS REQUIRED	AIR VOLUME (L)	SAMPLE LOCATION			MOISTURE CONTENT			CONCENTRATION LEVEL			ODOUR		
					Indoor	Outdoor	Stack	High	Low	Unknown	High	Low	Unknown	Strong	Slight	None
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Comments: