



MOULD ANALYSIS — CHAIN OF CUSTODY

Send samples to: 43 Diomedea Glade, Flagstaff, Hamilton 3210 | services@scaada.co.nz

CLIENT & JOB DETAILS

Client / Company Name:			
Business / Postal Address:			
Phone (Primary):		Phone (Secondary):	
Email – Report (1):		Email – Report (2):	
Email – Invoice (1):		Email – Invoice (2):	
Name of Sampling Site:	Report Type (optional):	PRV <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Periodic Monitoring <input type="checkbox"/>	
Sampling Site Address:			
Job / Client Reference:	Sampled By:		
Sampling Date:	Samples Relinquished By:		
Turnaround Required:	Standard – 3 business days <input type="checkbox"/> Urgent – 24 hours <input type="checkbox"/> Specific date required <input type="checkbox"/> Date/Time: _____		

Sample Type guide — Air: Spore trap cassette (ASTM D7658). Tape: adhesive surface tape lift (ASTM D7391). Bulk: loose building material / swab. Enter volume total (litres sampled) in the Volume column for air samples; for tapes/bulk leave blank or note area sampled.

No.	Sample Type	Sample Reference	Sampling Location	Total Volume (L) / Notes
1	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
2	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
3	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
4	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
5	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
6	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
7	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
8	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
9	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
10	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
11	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			
12	Air <input type="checkbox"/> Tape <input type="checkbox"/> Bulk <input type="checkbox"/> Other <input type="checkbox"/>			

CHAIN OF CUSTODY — TRANSFER RECORD

Received By:	Date:	Reference#
--------------	-------	------------