OAHU LAB
TESTING AND COMPLIANCE LLC

CHAIN OF CUSTODY FORM

Company Name:	Project:
Contact Name:	Sampled By:
Address:	Notes:
Phone Number:	
Email:	Temp Control (Lab Use):

ID (Lab use)	Sample Name	Date Sampled	Time Sampled	Test Requested	Notes

Delivered/Relinquished by:	Received at Lab by:
Print Name:	Print Name:
Signature:	Signature
Date:	Date:
Time:	Time:

Oahu Lab Testing and Compliance LLC
98-030 Hekaha St Ste 2
Aiea, HI 96701
team@oahulab.com
808-520-0988