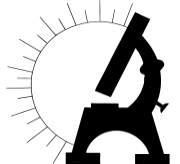


CHAIN OF CUSTODY

Sampler Name (Print):	Client:	Contact Person:	
Sampler Signature:	Address (number & street):	Phone:	Fax:
Project Name/No.:	City:	State:	Zip Code:
e-mail:			

SAMPLE ID #	DATE	LOCATION/DESCRIPTION	Analysis Required								Air Rate	Sampled Time	Sampled Area	Turn Around Time Regular 24hr Other	COMMENTS

Relinquished By:	Date:	Time:	Received By:	Date:	Time:	Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	Relinquished By:	Date:	Time:	Received By:	Date:	Time:



Sun City Analytical, Inc.

**1409 Montana Avenue
El Paso, Texas 79902**

**(915) 533-8840
Fax(915) 533-8843**

**www.scaitc.com
labs@scaitc.com**