



Have Microscope Will Travel  
**On-Site Mold Analysis, Inc.**  
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**MOLD CHAIN OF CUSTODY**

The mold chain of custody is a mold laboratory form which is completed by the property owner or manager, or by the **Certified Mold Inspector**, who collects the mold samples to record the details of the mold sampling work done, and to document both the transfer of custody of the mold samplings directly from the inspector to the mold lab, and their receipt by the lab.

**Inspector Name (if any):** \_\_\_\_\_

**Client name:** \_\_\_\_\_

**Client mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Client daytime phone:** ( ) \_\_\_\_\_ **Client FAX** ( ) \_\_\_\_\_

**Client Email:** \_\_\_\_\_ **Date of sampling:** \_\_\_\_\_

**Sampling name and address** \_\_\_\_\_

\_\_\_\_\_

**Test type Numbers:**

1. For bulk physical
2. For air cassette sample
3. Swab sample
4. Tapelift / Sample biotape
5. Other method, please specify \_\_\_\_\_

Sample ID#	Specific Sampling Location	Test Type	Time On	Time Off	Notes

**Signature (please print name also) of the Inspector or Client who collected the above samples**

**Date**

\_\_\_\_\_

Released by \_\_\_\_\_ on date & time \_\_\_\_\_

**By sending the above samples to:** \_\_\_\_\_

**By, Mail:** \_\_\_ **Fed Ex:** \_\_\_ **UPS:** \_\_\_ **Airborne Exp:** \_\_\_ **DHL:** \_\_\_ **Other:** \_\_\_

With a tracking number of: \_\_\_\_\_

**Lab Acknowledgement of Receipt of Samples**

Received by: \_\_\_\_\_ on date & time: \_\_\_\_\_