

CHEMICAL ANALYSIS BRANCH

Request for Analysis of Workplace Investigation and Chain of Custody Details

Level 2, Building 1, 9-15 Chilvers Road
 Thornleigh NSW 2120 Australia
 ABN 81 913 830 179

P: +61 2 9473 4000
 E: lab@safework.nsw.gov.au
 W: testsafe.com.au

Requesting Officer: **Investigation No:**
Organisation: **Phone:**
Address: **Fax:**
 **Workplace Investigated:** (Optional)
Email: **Date sampled:**
ABN: **Date received at lab:**

Sample I.D.	Sample Type	Analysis Required	Reg. No. (Office Only Use)

Comments:

Sample taken by: (Print) **Signature:** **Date:**

Relinquished By: (Print) Date: Time: Organisation: Sample(s) Sealed: Yes / No Signature:	Received By: (Print) Date: Time: Organisation: Sample(s) Sealed: Yes / No Signature:
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Relinquished By: (Print) Date: Time: Organisation: Sample(s) Sealed: Yes / No Signature:	Received By: (Print) Date: Time: Organisation: Sample(s) Sealed: Yes / No Signature:
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NOTE: Samples are disposed of 1 year after receipt if not fully consumed by the analysis. Please notify lab if you require your samples to be retained for longer.

Account to be sent to: **Requesting Officer**.....
Company or Other (Please Specify)

Purchase Order Number:..... **Non Chargeable (SafeWork Investigation)**

Test results will be available on receipt of payment.

Signature of Requester :.....

Date :