



DEVICE LOG

Complete COC Form 1-A (Chain of Custody), 1-B (Personnel Log), and 1-C (Device Log). Test instructions available at aelabs.com/instructions. Excel version of this form available at aelabs.com/Excel, or use RapidScan to log data in the field: rapidscan.aelabs.com. **This form cannot be used in New Jersey – Use Excel or RapidScan instead.**

PROJECT NAME: _____

Please list times in 15-minute intervals or less. Indicate AM/PM or use 24-hours format. If a kit goes missing, please note in Retrieval Time/Date. All times/dates and complete testing address required for a result (including QC blanks).

	Test Kit Serial	Location (Apt, Room, ect)	Deployment			Retrieval			Test Floor (B/1/2/3+)	Closed (Y/N)	Deployment/Retrieval Notes
			Time	Date	Initials	Time	Date	Initials			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Test Floor Codes: B=Basement, 1=1st Floor, 2=2nd Floor, 3+= 3rd Floor+

CHAIN OF CUSTODY

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Please write legibly and provide all information. Illegible or missing information will delay results and may require a report revision.

PROJECT INFORMATION

PROJECT NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

EMAIL TO SEND RESULTS TO: _____

ANSI-AARST TESTING PROTOCOL: MAMF 2017 rev 1/21 MALB 2014 rev 1/21 MAH 2019 N/A

PROPERTY INFORMATION

TESTING ADDRESS: _____

STRUCTURE TYPE: Slab Crawlspace Basement Multi-Story Other

TEST REASON: Personal Knowledge Real-Estate Transaction Post Mitigation

CHAIN OF CUSTODY INFORMATION

Number of Test Kits Placed: _____

Number of Test Kits Retrieved: _____

Number of Pages of COC Form 1-C (Device Placement Log): _____

Number of Pages for All Forms: _____



PERSONNEL LOG

Complete COC Form 1-A (Chain of Custody), 1-B (Personnel Log), and 1-C (Device Log). Test instructions available at aelabs.com/instructions. Excel version of this form available at aelabs.com/Excel, or use RapidScan to log data in the field: rapidscan.aelabs.com. **This form cannot be used in New Jersey – Use Excel or RapidScan instead.**

PROJECT NAME: _____

Please list all individuals who deployed or retrieved devices in the field. Provide Certification/License # if testing in a regulated state.

First Name	Last Name	Full Address	Phone	Certification/License #	Initials