PROJECT NAME:



Revision 4 Effective 11/9/2022

ayes Road, Suite 100 | Carrollon, 1X 75006 | (972) 242-2479 | aelabs.com

## **DEVICE LOG**

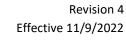
Complete COC Form 1-A (Chain of Custody), 1-B (Personnel Log), and 1-C (Device Log). Test instructions available at aelabs.com/instructions. Excel version of this form available at aelabs.com/Excel, or use RapidScan to log data in the field: rapidscan.aelabs.com. This form cannot be used in New Jersey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

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.

Ali	times/dates ar	nd complete testing address	required f	or a resul	t (includi	ing QC blo	anks).	_			
		Location	1	Deployme	nt	Retrieval		Test Floor	Closed	Deployment/Retrieval	
	Test Kit Serial	(Apt, Room, ect)	Time	Date	Initials	Time	Date	Initials	(B/1/2/3+)	(Y/N)	Notes
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Test Floor Codes: B=Basement, 1=1<sup>st</sup> Floor, 2=2<sup>nd</sup> Floor, 3+= 3<sup>rd</sup> Floor+

DROJECT INICODA/ATION





## **CHAIN OF CUSTODY**

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.

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

PROJECT INFORMA	<u>HON</u>					
PROJECT NAME:						
COMPANY NAME: _						
MAILING ADDRESS:						
EMAIL TO SEND RES	ULTS TO:					
ANSI-AARST TESTING	G PROTOCOL:	☐ MAMF 2017 r	rev 1/21 🗆 🗆 🗈	MALB 2014 rev 1/21	□MAH 2019	□n/a
PROPERTY INFORM	<u>ATION</u>					
TESTING ADDRESS: _						
STRUCTURE TYPE:	☐Slab	☐ Crawlspace	☐ Basement	☐ Multi-Story	□Other	
TEST REASON:	☐ Persona	l Knowledge	☐ Real-Estate Ti	ransaction	☐ Post Mitigation	
CHAIN OF CUSTODY	' INFORMATION	<u>ON</u>				
Number of Test Kits	Placed:			Number of Tes	st Kits Retrieved:	
Number of Pages of	COC Form 1-	C (Device Placeme	nt Log):	Number of Pag	ges for All Forms:	

Revision 4 Effective 11/9/2022

## **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			