

Analysis Request Form



To: Chemsafety Ltd

- Christchurch Office
- Wellington Office

From:

Company: _____

Name: _____

Phone: _____

E-mail: _____

Billing Address: _____

PO #: _____

Signature: _____

Price communicated and agreed

Report to be sent to: Same as in "From"

Other:

Name: _____

E-mail: _____

Analysis Required: Asbestos ID (AS4964-2004)

Other: _____

Lead Paint Test (using 5% sodium sulphide solution)

Client Reference No: _____

Urgent

Normal

Requested Reporting date: _____

Sampling address: _____

No	Sample Details (location / description)	Comments
1		
2		
3		
4		
5		

Use page 2 for more than 5 samples.

Internal use:

- Account Approved
- Cash Sale

Date Received: _____

Project No: _____

Batch No: _____

Important Information:

All work undertaken is subject to Chemsafety's General Terms and Conditions of Trade, a copy of which can be found at www.chemsafety.co.nz/resources.

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