

CHAIN OF CUSTODY (INTERNAL)



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CLIENT NAME:	
CONTACT NAME:	
CONTACT ADDRESS:	
EMAIL ADDRESS:	
CONTACT TEL. NO:	Client Reference No./PO No.
SAMPLE ADDRESS:	
TURNAROUND:	<input type="checkbox"/> Standard (5 Days) <input type="checkbox"/> 48hrs <input type="checkbox"/> 24hrs <input type="checkbox"/> Same Day

Scanned copy to be emailed to client?

FID	SOIL		FIBRE COUNT			DUST	
BULK FIBRE IDENTIFICATION	SOILS - FIBRE IDENTIFICATION (NATA - ACCREDITED)	SOILS - FIBRE IDENTIFICATION (DoH - NON-NATA)	MFA - NATA	MFA - SMF	MFA - Minesite	Inhalable Dust	Respirable Dust

Client ID	Lab Sample Number	Date Collected	Sample Location	Sample Matrix	BULK FIBRE IDENTIFICATION	SOILS - FIBRE IDENTIFICATION (NATA - ACCREDITED)	SOILS - FIBRE IDENTIFICATION (DoH - NON-NATA)	MFA - NATA	MFA - SMF	MFA - Minesite	Inhalable Dust	Respirable Dust	Comments

TOTAL NUMBER OF SAMPLES SUBMITTED:	
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Job Number _____

Received: Date received: / / Time: am/pm Signature:

Client Signature: _____

Payment Details: Existing Client: Yes No Payment Method: Pls Invoice Cash EFTPOS	PAID <input type="checkbox"/> Receipt No:
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