



5 MICRONS INC. 425-440-8787
 clientservices@5microns.tech
 www.5microns.tech

ASBESTOS CHAIN OF CUSTODY FORM

PROJECT NUMBER _____

CLIENT NAME:*	SITE ADDRESS:*	RELINQUISHED BY:
ADDRESS:		DATE/TIME:
TELEPHONE:*	INSPECTOR:	RECEIVED BY:
Email address:*	DATE SAMPLED:*	DATE/TIME:
CELLULAR:*		*Select: Next-Day-add \$25 _____ 2-3days _____

Price: \$26 per sample layer. *Note, each layer is considered a sample if it is classified as ACM--asbestos-containing material

SAMPLE* NO	LAB NO	MATERIAL DESCRIPTION*	MATERIAL ID	LAYER AND SUBSTRATE	EACH LOCATION OF MATERIAL	QTY. Square Feet	TREAT	%	TYPE	OTHER FIBERS
01		Pocorn ceiling texture								

Note: all sections with * are the only sections the customer needs to fill out

Payment: We accept all major credit cards. No checks please. Your report will be forwarded to you via email after payment is received. Once your information is ready, we will send you an email with a payment link.

Follow these simple directions to collect a sample from your home.

What you're going to need (tools):

A sharp knife

Spray bottle filled with water and two drops of detergent

Latex gloves

Spackle or silicone (to seal exposed area)

80-ounce jar or high-quality Ziplock® type bag

Label and marker

A Sharpie®

Procedure: Follow these steps in order and take your time.

Clear the area and make sure nobody else is around

Turn off any ventilation system to prevent the spread of fibers

Wear disposable latex gloves

Spray the sample section with the soapy water to prevent the fibers from becoming airborne

Carefully cut about 3 square inches of the suspected material

Place in a container or clear plastic bag and then tightly close

Label the bag or container with the date, time, and name of the material

Seal or patch the sampled area with spackle or another type of sealant

Download our chain of custody form and complete all the sections with an asterisk

Include the chain of custody form in the package (you MUST have the COC form inside your package but not in the sample bag(s)).

Mail us the package but DO NOT USE FIRST CLASS MAIL (see below)

Wipe all tools used to collect samples

All samples must be mailed or delivered to the following address :

5 Microns Inc.

7100 Fort Dent Way #100

Tukwila, WA 98188

IMPORTANT-MUST READ FIRST: All mail-in samples must have a tracking number and include our asbestos chain of custody form to be processed. If the chain of custody form is missing, your sample(s) will not be accepted and processed. Drop-offs MUST have the COC form inside your package but not in the sample bag. DO NOT MAIL YOUR SAMPLES BY FIRST CLASS MAIL. Send your sample(s) via USPS Priority Mail, UPS, and FedEx. It is essential to closely follow these directions so our asbestos testing lab can promptly process your sample(s).

***PLEASE NOTE FOR ALL DROP-OFFS:** All samples must be dropped off at the back of the office building located at 7100 Fort Dent Way Tukwila WA outside the Tabor 100 Office and placed inside the black dropbox pictured below. Do not take your samples to the front desk. The front desk will not accept drop-offs over the counter, **NO EXCEPTIONS!**





Credit Card Charge Authorization Form

5Microns Inc.

7100 Fort Dent Way Ste. 100 Seattle, WA 98188

425-440-8787

invoice@5microns.tech

Name on Customer's Card _____

Credit Card Number _____

Credit Card Type _____ Visa _____ MasterCard _____ Discover

Expiration Date _____ CCV # _____

Billing Address _____

Mailing Address (if different than billing address)

The estimated total monthly usage for services/goods that the undersigned customer will be utilizing is \$_____.

The undersigned customer agrees that he/she may choose to pay 5 Microns Inc. by check or credit card; however, the undersigned understands that 5 Microns Inc. requires this credit card authorization to be on file with 5 Microns Inc.

The undersigned customer hereby authorizes 5 Microns Inc. to charge said credit card the amount due from customer to 5 Microns Inc. if any payment to 5 Microns Inc. is delayed by more than 5 days from net invoice due date, whether the result of a failure or refusal to timely pay such charge or the return of a check for insufficient funds.



Being the authorized cardholder, the undersigned customer agrees to the terms set forth in this agreement and specifically authorizes 5 Microns Inc. to charge my credit card, for the services/goods provided by 5 Microns Inc. I understand that 5 Microns Inc. will provide me with an itemized monthly invoice detailing all of my charges. I further agree that in the event my credit card becomes invalid, I will immediately provide 5 Microns Inc. with a new duly executed Credit Card Charge Authorization Form upon request, to be charged for the payment of any outstanding balance owed to 5 Microns Inc. I agree that I will not dispute any legitimate charges processed by 5 Microns Inc.

This authorization will remain in full force and effect until terminated, in writing, by the undersigned _____ (*Name on Card*).

Witness my signature this _____ (*date*).

Name & Signature of Authorized Customer & Cardholder