



SafeWork NSW

REQUEST FOR WORKPLACE MONITORING ANALYSIS AND CHAIN OF CUSTODY



Chemical Analysis Branch

Level 2, Building 1, 9-15 Chilvers Road
Thornleigh NSW 2120 Australia
ABN 81 913 830 179

P: +61 2 9473 4000
E: lab@safework.nsw.gov.au

Requesting Officer: **Investigation No:**

Organisation: **Phone:** **Fax:**

Address: **ABN:**

Email: **Workplace Investigated:**

Date Sampled: / / **Date Received at Lab:** / /

Sample I.D.	Sample Type	Analysis Required	Reg. No. <small>Office use only</small>
.....
.....
.....
.....
.....
.....

Comments:

Sampled by: (Print) **Signature:** **Date:**

Relinquished by: (Print)	Received by: (Print)
Date: Time: Sealed:	Date: Time: Sealed:
Organisation:	Organisation:
Signature:	Signature:
Relinquished by: (Print)	Received by: (Print)
Date: Time: Sealed:	Date: Time: Sealed:
Organisation:	Organisation:
Signature:	Signature:

NOTE: Samples are disposed of after the completion of the analysis. Please notify lab if you require your samples to be returned. Freight cost might apply. The TestSafe Australia terms and conditions available at <https://www.nsw.gov.au/testsafe/terms> apply to this request and to all further samples provided for testing from the Client. The Client agrees that these terms and conditions will prevail in the event of any inconsistency with any Client terms and conditions.

Account to be sent to: **Requesting Officer:**

Company or other:

Purchase Order: **Non Chargeable Safework Investigation**

Test results will be available on receipt of payment

Signature of requester: **Date:**

Please enclose this completed form with each job.