555 Menlo Dr., Ste D, Rocklin, CA 95765
Tel: 916.259.6655
Email: Smith.Purdum@EFIGlobal.com

FORENSIC CHAIN OF CUSTODY

Insured/Victim: _____ **EFI File No:** _____

Loss Address: _____ **Client:** _____

_____ **Claim/Case No.:** _____

Date of Loss: _____ **Transported By:** _____

Date Collected: _____ **Tracking No.:** _____

Collected By: _____ **Invoice To:** _____

Report to (Email): _____ **Contact Phone:** _____

***Evidence Return Address:** _____

_____

*EFI Global does not store external client evidence. We will return evidence to the address listed upon completion of testing. If you would like to arrange for an investigator to pick up the evidence, please do so once the final report is sent.

☐ Return Via Mail ☐ Investigator Pick Up

ID #	Test Code(s)	Item Description	Location Taken From

RELEASED BY		Date/Time:	RECEIVED BY		Date/Time:
Name:			**Name:**		
Signature:			**Signature:**		
Name:			**Name:**		
Signature:			**Signature:**		
Name:			**Name:**		
Signature:			**Signature:**		
Name:			**Name:**		
Signature:			**Signature:**		

TEST CODES	
ILR - Ignitable Liquid Residue-ASTM E1618	***Project Notes/Special Instructions:***
LIGHTS - (Acetone, Methanol, Ethanol, Isopropyl Alcohol)-ASTM E1388	
VOR - Vegetable Oil Residue (Self-Heating Fatty Acids)-ASTM E2881	
FTIR - Organic Material Identification-ASTM E1252	
OTHER (Please Specify):	

555 Menlo Dr., Ste D, Rocklin, CA 95765
Tel: 916.259.6655
Email: Smith.Purdum@EFIGlobal.com

FORENSIC CHAIN OF CUSTODY

RELEASED BY		Date/Time:	RECEIVED BY		Date/Time:
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		