INDUSTRIAL HYGIENE AIR SAMPLING CHAIN OF CUSTODY

3945 Lakefield Court
Suwanee, GA 30024
Phone: 770-866-3200
Fax: 770-866-3259

COMPANY NAME _____

ADDRESS: _____

_____

PHONE: _____

FAX: _____

PROJECT NUMBER: _____

PROJECT NAME: _____

E-MAIL: _____

PROJECT REPRESENTATIVE: _____

SAMPLING DATE: _____

TURNAROUND TIMES: _____ SAME DAY _____ NEXT DAY _____ 2 DAY _____ 3 DAY _____ STANDARD 5 DAY

DATE	SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE MEDIA	ANALYSIS DESIRED	START TIME	STOP TIME	TOTAL TIME MINUTES	PRE FLOW RATE LPM	POST FLOW RATE LPM	AVG. FLOW RATE LPM	Total Volume Liters

Condition: Seals and/or containers intact _____ (Initials) by MAS Other_____ Sample Condition Comments:_____

CHAIN OF CUSTODY	NAME	COMPANY	MODE OF TRANSFER	SHIPPING DATE	RECEIVED BY / DATE
First Transfer by:					
Second Transfer by:					
Third Transfer by:					