

CHAIN-OF-CUSTODY for AIR QUALITY SAMPLES

Please Print

CLIENT: _____
 ADDRESS: _____

 PHONE: _____
 FAX: _____
 CONTACT: _____
 RESULTS TO: Above Other: _____
 INVOICE TO: Above Other: _____
 PROJECT: _____
 PO #: _____
 QUOTE #: _____

DUE DATE: Regular (approximately 10 business days)
 ** **RUSH:** (subject to RUSH charges, please contact laboratory)
 48 Hrs. 5 day other

ANALYSES REQUESTED

CRITERIA: (please check one)

NIOSH # _____
 OTHER _____

SAMPLE #	SAMPLE DESCRIPTION / LOCATION	SAMPLE DATE	SAMPLE TIME	Flow Rate (Liters / Minute)	Total Minutes	Total Volume (litres)	Asbestos	Micrex Id.	Mould Count / Id. (genera)	Mould Culture / Id. (species)	SAMPLE MATRIX						# of containers
											Tape Lift	Swab	Bulk	Cassette	Sorbent Tube		

SAMPLER:(sign) _____
 SAMPLER:(print) _____
 METHOD OF SHIPMENT: Bus / Courier / Mail / Air / Hand Delivery
 Other (_____)
 RELINQUISHED / AUTHORIZED BY (INCLUDING SUBCONTRACTING):
 NAME (sign): _____
 NAME (print): _____
 DATE AND TIME: _____ AM / PM

THIS SECTION FOR LAB USE ONLY:
 RECEIVED AT LABORATORY BY: _____
 DATE & TIME REC'D: _____ # CONTAINERS: _____
 RECEIVED IN GOOD ORDER? SHORTAGES: Client Notified ? Y / N
 COMMENTS:
 NNL FIELD / BILLING INFO: See Extended Billing Form
 Tot. Hours: _____ First Response Tot. Mileage: _____
 Consumables Used: _____

CLIENT COMMENTS:

Near North Laboratories Inc. reserves the right to subcontract analyses to other accredited laboratories as necessary.