

CHAIN-OF-CUSTODY for AIR QUALITY SAMPLES

Page ____ of ____

Please Print

CLIENT: _____
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 RESULTS TO: Above Other: _____
 INVOICE TO: Above Other: _____
 PROJECT: _____
 PO #: _____
 QUOTE #: _____

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

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	Bulk, tape lift, dust, and swabs: DME	Bulk, dust, and swabs: culture	Air: Non-vialbe analysis (e.g. Air-O-Cell)	Air: Viable analysis (e.g., RCS)	Dust, swabs: culture quantification	Dust, swabs: culture no quantification	Other:	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 **Vermiculite**
 COMMENTS: _____
 Requires Air Quality Report
 See Extended Billing Form
NNL FIELD / BILLING INFO:
 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.