AMD ENVIRONMENTAL

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NYS ELAP ID: 11108

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OSHA

Personal Air Sampling Chain of Custody

Job Name

Job ID No.

Job Street Address

City, State Zip Code

Work Area Location

Temp/Rain/Wind

Filter Lot No.

1st Calibrator No. / 2nd

Contractor / Company Name

Billing Contact

Phone No.

Email

Turn-Around Time (TAT) Requested:

(Please circle one)

Rush 24 HR 48 HR - Standard

Analysis: PCM TEM

Call AMD in advance for Evening, Weekend & RUSH analysis. Additional charges apply.

Sample No.	Sample Date	Pump No.	Sampler Name	Last 4 of SSN	Sample Type: STEL / PEL Field / Box Blank	Phase / Activity of Work	Sample Time			Flow Rate			Total Sample Volume (L)	*Lab Sample ID*
							Start	Stop	Total	Beg	End	Avg		

Analysis by PCM according to NIOSH 7400 method

Sampled By (Print Name) | Sampled by Signature

Relinquished to Lab By (Signature) | Date | Time | Drop Off

Site Notes:

*** For Lab Use Only ***

Received by (Print Name) | *Date* | *Time*

Lab PO No.

Lab Personnel Signature

Lab Batch No.

Samples Prepared By:

Send Results: Call w/Results E-mail Fax
(Please Circle One)

Name:

Email/Phone/Fax:

Lab Notes / Sample Condition: