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NYS ELAP ID: 11108

OSHA
PERSONAL AIR SAMPLING
CHAIN OF CUSTODY

JOB LOCATION / PHYSICAL ADDRESS		COMPANY/CONTRACTOR NAME		48 HOUR	24 HOUR	RUSH
JOB CITY, STATE ZIP CODE		CONTACT NAME		TURN AROUND TIME REQUESTED (Circle One)		
PROJECT NUMBER		CONTACT NO.		Notes:		
PROJECT NAME		CONTACT EMAIL				
				CASSETTE FILTER LOT NO.		

Sampler Name			Sample Number			Sample Type- Please circle:	
Last 4 digits of SSN			Sampling Date			STEL PEL	
Contractor Activity			Supervisor Name & Contact Information			FIELD BLANK / BOX BLANK	
Respirator Protection Type			Phase of Work			Work Area Location	
PUMP NO.	FLOW		TIME			Total Volume (L)	Lab Sample ID
	BEG	END	AVG FLOW	START	STOP		

Sampler Name			Sample Number			Sample Type- Please circle:	
Last 4 digits of SSN			Sampling Date			STEL PEL	
Contractor Activity			Supervisor Name & Contact Information			FIELD BLANK / BOX BLANK	
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PUMP NO.	FLOW		TIME			Total Volume (L)	Lab Sample ID
	BEG	END	AVG FLOW	START	STOP		

Employees whose exposure is also represented by these samples:				*FOR LAB USE ONLY*			
<i>Samples Analyzed According to PCM by NIOSH 7400 Method</i>				<i>Received by Lab (Print Name)</i>		<i>Date</i>	<i>Time</i>
				<i>Samples Relinquished to Lab By: (Print Name)</i>		<i>Date</i>	<i>Time</i>
<i>Samples Relinquished to Lab By: (Signature)</i>				<i>Date</i>	<i>Time</i>	<i>Samples Prepared By</i>	
<i>Lab Notes/ Condition:</i>							

Note: Calibrate each personal sampling pump before and after use with a representative filter cassette installed between the pump and calibration devices. Personal samples shall be taken in the "breathing zone of the employee (ie. Attached to or near the collar or lapel near the worker's face). Each set of samples should include 10% field blanks or a min. of 2 field blanks. These blanks must come from the same lot as the filters used for sample collection. OSHA regulations specify a minimum sampling volume of 48 L for an excursion measurement (STEL), and a maximum sampling rate of 2.5 L/min.