

72 E. Niagara St. Suite 100 Tonawanda, NY 14150 labs@amdenv.com

office 716-833-0043 x104 fax 241-8689 NYS ELAP ID: 11108

OSHA PERSONAL AIR SAMPLING CHAIN OF CUSTODY

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						48 HOUR	24 HOUR	RUSH	
JOB LOCATION / PHYSICAL ADDRESS			COMPANY/CONTRACTOR NAME			TURN AROUND TIME REQUESTED (Circle One)			
JOB CITY, STATE ZIP CODE			CONTACT NAME			CASSETTE FILTER LOT NO.			
PROJECT NUMBER			CONTACT NO.			Notes:			
PROJECT NOWIBER			CONTACT NO.						
	PROJECT NAME			CONTACT EMAIL					
	Sampler Name		=		Sample Number		Sample Type- Please	circle:	
			=				STEL	PEL	
Last 4 digits of SSN				Sampling Date			FIELD BLANK	/ BOX BLANK	
Contractor Activity			=	Supervisor Name & Contact Information			FIELD BLANK	/ BOX BLANK	
	Contractor Activity								
Respirator Protection Type			-	Phase of Work			Work Area Location		
PLIMP NO FLOW			TIME			Total Valuma (I.)			
PUMP NO.	BEG	END	AVG FLOW	START	STOP	Total Time (Mins)	Total Volume (L)	Lab Sample ID	
			_						
	Sampler Name			Sample Number			Sample Type- Please		
Last 4 digits of SSN			-		Compline Data		STEL	PEL	
	Last 4 digits of 55N			Sampling Date			FIELD BLANK	/ BOX BLANK	
	Contractor Activity		-	Supervisor Name & Contact Information					
Respirator Protection Type				Phase of Work			Work Area Location		
PUMP NO.		FLOW	1		TIME	1	Total Volume (L)	Lab Sample ID	
	BEG	END	AVG FLOW	START	STOP	Total Time (Mins)	(2)		
Complex Name			-		Sample Number		Sample Type- Please	circle:	
Sampler Name					Cample Number			STEL PEL	
Last 4 digits of SSN			-	Sampling Date			SILL	r L L	
							FIELD BLANK	/ BOX BLANK	
	Contractor Activity		•	Superviso	or Name & Contact I	nformation			
	i	·	-		Phase of Work			West Asset assets	
Respirator Protection Type							Work Area Location		
PUMP NO.	BEG	FLOW END	AVG FLOW	START	TIME	Total Time (Mins)	Total Volume (L)	Lab Sample ID	
	520		7.1.0.1.20.11	9 17.11.1	0.0.	Total Time (mine)			
	Sampler Name		-		Sample Number			circle:	
			_				STEL	PEL	
	Last 4 digits of SSN			Sampling Date			FIELD DI ANIX	/ DOY DIANK	
	Contractor Activity		-	Supervisor Name & Contact Information			FIELD BLANK	/ BOX BLANK	
	Contractor Activity			ouper visc	n Name & Contact ii	mormation			
Respirator Protection Type			<u>-</u>	Phase of Work			Work Area Location		
PUMP NO.		FLOW			TIME		T-4-1 V-1 (1)	Lab Camula ID	
PUMP NO.	BEG	END	AVG FLOW	START	STOP	Total Time (Mins)	Total Volume (L)	Lab Sample ID	
Employees whose exposure is also represented by these samples:					*FOR LAE		USE ONLY*		
Sam	ples Analyzed Ac	cording to PCM b	y NIOSH 7400 Me	ethod	Received by Lab (Print Name)		Date	Time	
Samples Relinquished to Lab By: (Print Name)			Date	Time	Received by Lab (Signature)		Lab PO No.	Lab Batch No.	
							Lab Notes/ Conditi	on:	
Samples Re	linquished to Lab B	y: (Signature)	Date	Time	Samples Prepared By		1		
				l					

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.