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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.

Calibrator No. / Date of Calibration

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			** For Lab Use Only **			Send Results: Call w/Results E-mail Fax		
						(Please Circle One)		
			Received by (Print Name)			Name: _____		
			Date			Email/Phone/Fax: _____		
			Time					
Relinquished to Lab By (Signature)			Lab PO No.			Lab Notes / Sample Condition:		
			Lab Personnel Signature					
			Lab Batch No.					
			Samples Prepared By:					