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OSHA
**PERSONAL AIR SAMPLING
 CHAIN OF CUSTODY**

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

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	
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	Total Time (Mins)		

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Employees whose exposure is also represented by these samples:				*FOR LAB USE ONLY*			
Samples Analyzed According to PCM by NIOSH 7400 Method				Received by Lab (Print Name)		Date	Time
				Received by Lab (Signature)		Lab PO No.	Lab Batch No.
Samples Relinquished to Lab By: (Print Name)				Date	Time	Lab Notes/ Condition:	
Samples Relinquished to Lab By: (Signature)				Date	Time		
				Samples Prepared By			

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.