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NYS ELAP ID: 11108

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PCM 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 Calib. No. / 2nd Calibrator

Client

Client Contact

Client Phone

Client Email

Sample Date

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 #	Pump #	Pump Location (on Map)	Sample Location Description	IB / OB	IWA / OWA	PHASE: IB, IIA, IIB, IIC (B, P, E, F)	Time			Flow			Total Volume (L)	Lab Sample ID
							Start	Stop	Total	Beg	End	Avg		

Samples analyzed by PCM according to NIOSH 7400 method				** For Lab Use Only **					Send Results: Call w/Results E-mail Fax <i>(Please Circle One)</i>				
Sampled By (Print Name)		Sampled by Signature		Received by (Print Name)		Date	Time	Name: _____					
Relinquished to Lab By (Signature)		Date	Time	Lab Personnel Signature		Lab PO No.		<input type="checkbox"/> Check here if this sample set of daily environmental samples is to be used as clearance samples, per NYS Variance on site.					
		Drop Off				Lab Batch No.							
Site Notes:							Lab Notes / Sample Condition:						
							Samples Prepped By:						