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## PCM Air Sampling Chain of Custody

_____ Job Name	_____ Work Area Location	_____ Client	_____ Sample Date	
_____ Job ID No.	_____ Temp/Rain/Wind	_____ Client Contact	<b>Turn-Around Time (TAT) Requested:</b> <i>(Please circle one)</i> <b>Rush      24 HR      48 HR - Standard</b>	
_____ Job Street Address	_____ Filter Lot No.	_____ Client Phone		<b>Analysis:      PCM      TEM</b>
_____ City, State Zip Code	_____ Calibrator No. / Date of Calibration	_____ Client Email		<u>Call AMD in advance for Evening, Weekend &amp; RUSH analysis.</u> <u>Additional charges apply.</u>

Sample #	Pump #	Pump Location (on Map)	Sample Location Description	IB / OB	IWA / OWA	PHASE: IB IIA IIB IIC (B P E F1 / F2)	Time			Flow			Total Volume (L)	Lab Sample ID
							Start	Stop	Total	Beg	End	Avg		

Samples analyzed by PCM according to NIOSH 7400 method			<b>** For Lab Use Only **</b>		
Sampled By (Print Name)	Sampled by Signature	Received by (Print Name)	Date	Time	<b>Send Results:</b> Call w/Results    E-mail    Fax <i>(Please Circle One)</i> Name: _____ Email/Phone/Fax: _____ <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.
Relinquished to Lab By (Signature)		Lab Personnel Signature		Lab PO No.	
Date		Time		Lab Batch No.	
Drop Off				Lab Notes / Sample Condition:	
Site Notes:			Samples Prepped By:		

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