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AIR QUALITY & MOLD
SAMPLING CHAIN OF CUSTODY

<u>Project Address</u> <u>City, State Zip Code</u> <u>Project ID No.</u> <u>Affected Area / Work Area</u>	<u>Temp./Rain/Wind</u> <u>Sample Media Brand</u> <u>Sample Lot. No.</u> <u>Air Sample - Circular or Slit</u>	<u>Client Name / Company</u> <u>Client Address</u> <u>Client Contact</u> <u>Remediation Contractor</u>	<u>Sample Date:</u> <u>Sample Time:</u> Clearance <input type="radio"/> TURN AROUND TIME REQUESTED: <input type="radio"/> RUSH <input type="radio"/> 24 HR <input type="radio"/> 48-72 HR <input type="radio"/> Standard <input type="radio"/> Other _____ Evening, Weekend & RUSH charges apply. Please confirm with laboratory.
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Sample #	Serial No.	Sample Location Description	AMB	Sample Type			Vol. (L)	** For Lab Use Only **	
				Air	Tape	Bulk		Condition Notes	Lab Sample ID

		** For Lab Use Only **	
<u>Sampled By (Print Name)</u>	<u>Sampled by Signature</u>	<u>Received by (Print Name)</u>	<u>Date</u> <u>Time</u>
<u>Relinquished to Lab By (Signature)</u>	<u>Drop Off Date</u>	<u>Drop Off Time</u>	<u>Lab Personnel Signature</u> <u>Lab Batch No.</u>
<u>Site Notes:</u>		<u>Samples prepared by:</u>	<u>Lab Notes:</u>
			Notes to Lab: <input type="checkbox"/> RE-TEST; Bill to Remediation Contractor Send Results: <input type="radio"/> Email <input type="radio"/> Fax <input type="radio"/> Call with Results Name: _____ Email / Phone / Fax: _____ Payment: <input type="radio"/> Credit <input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> Acct CC Type: <input type="radio"/> Visa <input type="radio"/> AmEx <input type="radio"/> MC <input type="radio"/> Discover CC # _____ CC Holder _____ Sign: _____