

# Air Chain of Custody Form

<b>Report To:</b>		<b>Project #:</b>
<b>Client:</b>		
<b>Attn:</b>		<b>Project Name:</b>
<b>Street Address:</b>		
<b>City, State, Zip:</b>		<b>Sampler(s):</b> (Print)
<b>Phone:</b>	<b>Fax:</b>	
<b>Email :</b>		
<b>Work Order #:</b>		

**Analysis Requested**

Soil Vapor (SV) Ambient (A)	Air Type	Initial Pressure	Sampling Equipment		Start Sampling Information		Stop Sampling Information		Lab Received Pressure (psia)	CLP Level (If "Yes", Select one)		Notes
			Canister ID #	Flow Controller ID #	Time	Canister Pressure ("Hg)	Time	Canister Pressure ("Hg)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> III <input type="checkbox"/> IV	UNITS (select one) <input type="checkbox"/> ppbv <input type="checkbox"/> µg/m3	

<b>Billing</b> <input type="checkbox"/> Same as above	
<b>Client:</b> _____	<b>Result Request</b>
<b>Street Address:</b> _____	**Surcharge <input type="checkbox"/> STD (10 Days) <input type="checkbox"/> 5 Day** <input type="checkbox"/> 4 Day** <input type="checkbox"/> 3 Day** <input type="checkbox"/> 2 Day** <input type="checkbox"/> 1 Day**
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	<b>1. Relinquished By</b> _____ <b>Date</b> _____ <b>Time</b> _____ <b>1. Received By</b> _____ <b>Date</b> _____ <b>Time</b> _____
<b>Attn:</b> _____ <b>Fax:</b> _____	<b>2. Relinquished By</b> _____ <b>Date</b> _____ <b>Time</b> _____ <b>2. Received By</b> _____ <b>Date</b> _____ <b>Time</b> _____
<b>P.O.#:</b> _____	<b>3. Relinquished By</b> _____ <b>Date</b> _____ <b>Time</b> _____ <b>3. Received By</b> _____ <b>Date</b> _____ <b>Time</b> _____