



Client Name & Address:	PO / Job#:	Date:
	Turn Around Time: Same Day / 1Day / 2Day / 3Day / 4Day / 5Day	
	<input type="checkbox"/> Air: PCM (NIOSH 7400)	
	<input type="checkbox"/> Bulk: PLM (EPA Method 600/R-93/116)	
Contact:	Phone:	Fax:
E-mail:	Site:	

Comments:	Report Via: <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Verbal
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Sample ID	Date / Time	Sample Location / Description	FOR AIR SAMPLES ONLY			Sample Area / Air Volume
			Time On/Off	Avg. LPM	Total Time	

Sampled By:	Date:	Time:
Shipped Via: <input type="checkbox"/> Fed Ex <input type="checkbox"/> DHL <input type="checkbox"/> UPS <input type="checkbox"/> Canada Post <input type="checkbox"/> Courier <input type="checkbox"/> Drop Off <input type="checkbox"/> Other:		
Relinquished By:	Date:	Time:
Received By:	Date:	Time:
Condition Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		

