Air - Chain of Custody Record & Analytical Service Request

Page _____ of _____

2655 Park Center Drive, Suite A
Simi Valley, California 93065
Phone (805) 526-7161
Fax (805) 526-7270

Requested Turnaround Time in Business Days (Surcharges) please circle
1 Day (100%) 2 Day (75%) 3 Day (50%) 4 Day (35%) 5 Day (25%) 10 Day-Standard

ALS Project No.

ALS Contact:

Company Name & Address (Reporting Information)

Project Name

Project Number

Project Manager

P.O. # / Billing Information

Phone

Fax

Email Address for Result Reporting

Sampler (Print & Sign)

Analysis Method

Comments
e.g. Actual Preservative or specific instructions

Client Sample ID	Laboratory ID Number	Date Collected	Time Collected	Canister ID (Bar code # - AC, SC, etc.)	Flow Controller ID (Bar code #- FC #)	Canister Start Pressure "Hg	Canister End Pressure "Hg/psig	Sample Volume			

Report Tier Levels - please select

Tier I - Results (Default if not specified) _____
Tier II (Results + QC Summaries) _____
Tier III (Results + QC & Calibration Summaries) _____
Tier IV (Data Validation Package) 10% Surcharge _____

EDD required Yes / No
Type: _____ Units:_____

Chain of Custody Seal: (Circle)
INTACT BROKEN ABSENT

Project Requirements (MRLs, QAPP)

Relinquished by: (Signature)	Date:	Time:	Received by: (Signature)	Date:	Time:
Relinquished by: (Signature)	Date:	Time:	Received by: (Signature)	Date:	Time:

Cooler / Blank Temperature ____°C