



# T015 Air Analysis Chain of Custody

449 Springbrook Rd  
Charlotte, NC 28217  
Office: (704) 529-6364

Company Name:	Invoice to:	Project Name:
Contact Name:	Invoice Contact:	Site Name:
Address:	Invoice Address:	Site Location:
		Project Number:
Phone #:	Invoice Phone #:	Purchase Order #:
Email:	Invoice Email:	Quote #:
Sampler's Name (Print):	Sampler's Signature:	Turn Around Time: _____ Day(s) Page: ____ of ____

		Lab Use Only						Client Sampling Information								
		Canister Certification Batch:						Sampling Start Information			Sampling Stop Information			Sample Type Code	Comments <small>(Any additional information about the site)</small>	WPA ID#:
		Flow Controller ID:	Cal Flow (cc/min)	Canister ID:	Size (L)	Lab Outgoing Canister Pressure	Lab Receiving Canister Pressure	Start Date	Start Time (24hr clock)	Initial Canister Pressure (in Hg)	Stop Date	Stop Time (24hr clock)	Final Canister Pressure (in Hg)			
Client Sample ID																
1)				1.4 6												
2)				1.4 6												
3)				1.4 6												
4)				1.4 6												

**Sample Type Codes: AA= Indoor/Ambient Air SG= Soil Gas LV= Landfill/Vent Gas OT= Other \_\_\_\_\_**

Relinquished:	Date / Time:	Received:	Date / Time:	<b>Lab Use Only:</b>   Work Order: _____
Relinquished:	Date / Time:	Received:	Date / Time:	
Relinquished:	Date / Time:	Received:	Date / Time:	