

VAPOR / AIR Chain of Custody

Lab Client and Project Information		
Lab Client/Consultant:	Project Name / #:	
Lab Client Project Manager:	Project Location:	
Lab Client Address:	Report E-Mail(s):	
Lab Client City, State, Zip:		
Phone Number:		
Reporting Requirements	Turnaround Time	Sampler Information
<input type="checkbox"/> Standard Report <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> Excel EDD <input type="checkbox"/> Other EDD: _____ <input type="checkbox"/> CA Geotracker Global ID: _____	<input type="checkbox"/> 5-7 day Stnd <input type="checkbox"/> 24-Hr Rush <input type="checkbox"/> 3-day Rush <input type="checkbox"/> Mobile Lab <input type="checkbox"/> 48-Hr Rush <input type="checkbox"/> Other: _____	Sampler(s): _____ Signature: _____ Date: _____

Sample Receipt (Lab Use Only)	
Date Rec'd:	Control #:
H&P Project #	
Lab Work Order #	
Sample Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Notes Below	
Receipt Gauge ID:	Temp:
Outside Lab:	
Receipt Notes/Tracking #:	
Lab PM Initials:	

Additional Instructions to Laboratory:

* Preferred VOC units (please choose one):

- µg/L µg/m³ ppbv ppmv

SAMPLE NAME	FIELD POINT NAME (if applicable)	DATE mm/dd/yy	TIME 24hr clock	SAMPLE TYPE Indoor Air (IA), Ambient Air (AA), Subslab (SS), Soil Vapor (SV)	CONTAINER SIZE & TYPE 400mL/1L/6L Summa, Tedlar, Tube, etc.	CONTAINER ID (###)	Lab use only: Receipt Vac	VOCs Standard Full List	VOCs Short List / Project List	Oxygenates	Naphthalene	TPHv as Gas	Aromatic/Aliphatic Fractions	Leak Check Compound	Methane by EPA 8015m	Fixed Gases by ASTM D1945				
								<input type="checkbox"/> 8260SV <input type="checkbox"/> TO-15	<input type="checkbox"/> 8260SV <input type="checkbox"/> TO-15	<input type="checkbox"/> 8260SV <input type="checkbox"/> TO-15	<input type="checkbox"/> 8260SV <input type="checkbox"/> TO-15	<input type="checkbox"/> 8260SV <input type="checkbox"/> TO-15	<input type="checkbox"/> TO-15m	<input type="checkbox"/> 8260SV/m <input type="checkbox"/> TO-15m	<input type="checkbox"/> DFA <input type="checkbox"/> IPA <input type="checkbox"/> He	<input type="checkbox"/> CO2 <input type="checkbox"/> O2 <input type="checkbox"/> N2				
Approved/Relinquished by: _____ Company: _____ Date: _____ Time: _____								Received by: _____ Company: _____ Date: _____ Time: _____												
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*Approval constitutes as authorization to proceed with analysis and acceptance of conditions on back