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PCM Air Sampling Chain of Custody

Job Name	Work Area Location	Client	Sample Date
Job ID No.	Filter Lot No.	Client Contact	Turn-Around Time (TAT) Requested: *(circle one)* Rush 2-5 Day (Standard)
Job Street Address	Calibrator No. / Date of Calibration	Client Phone	Analysis: PCM TEM^
City, State Zip Code		Client Email	Call AccuGuard Environmental in advance for RUSH analysis. Additional charges apply.

Sample #	Sample Type*	Sample Location / Description	Type of Respirator: FF = Full Face HF = Half Face	Pump #	Time			Flow			Total Volume (L)	Lab Sample ID
					Start	Stop	Total	Beg	End	Avg		

Samples analyzed by PCM according to NIOSH 7400 method			** For Lab Use Only **		
Sampled By (Print Name)	Sampled by Signature		*Received by (Print Name)*	*Date*	*Time*
				Lab PO No.	
Relinquished to Lab By (Signature)	Date	Time	*Lab Personnel Signature*		
	Drop Off			*Lab Batch No.*	
				Samples Prepped By:	

* Type of PCM Sample must be clearly identified (Clearance, Blank, PEL, Excursion Limit, etc.)
^ All TEM analysis requests are to be performed by a proxy lab. AccuGuard Environmental accepts no liability for samples damaged/lost in transit. Additional fees may apply.

Send Results: *(Please Circle One)* Call w/Results E-mail

Please provide the contact information for sending the results if it is different from the above.

Name: _____

Email/Phone: _____

Lab Notes / Sample Condition:

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