ACCUGUARD ENVIRONMENTAL

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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)*
Job Street Address	Calibrator No. / Date of Calibration	Client Phone	Rush 2-5 Day (Standard)
City, State Zip Code		Client Email	Analysis: PCM TEM^

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

Sampled By (Print Name)	Sampled by Signature

Relinquished to Lab By (Signature)	Date	Time
	Drop Off	

*** For Lab Use Only ****

Received by (Print Name)	Date	Time

Lab PO No.

Lab Personnel Signature

Lab Batch No.

Samples Prepped By:

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:

* 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.

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