



## PCM AIR SAMPLING CHAIN OF CUSTODY/AIR SAMPLE RECORD

Project Number:	Project Name:	Type of Abatement:	Client Contact Name:
Report Number:	Client Name:	Project Sampling Phase:	Client Contact Telephone:
Date Sampled:	Project Location:	Sample Lot Number:	Client Contact Fax or Email:

LAB ID Number	FIELD ID Number	Sample Description/Location	Flow Rate (Start)	Sample Start Time	Flow Rate (Stop)	Sample Stop Time	Average Flow Rate (l/m)	Total Sample Time (minutes)	Total Volume (liters)

	FB1	Field Blank	Rotameter Number:	Sampled by:	Date:	Time:
	FB2	Field Blank	Date Calibrated:	Relinquished by:	Date:	Time:
All Air Samples are Collected and Analyzed in Accordance with NIOSH 7400 (A Rules) Methods			Date Calibration Due:	Received by (Lab):	Date:	Time:
			Primary Standard:	Requested Analysis Turnaround Time:		
			RUSH	12 Hour	24 Hour	48 Hour