

## Air - Chain of Custody Record & Analytical Service Request

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2655 Park Center Drive, Suite A Simi Valley, California 93065 Phone (805) 526-7161

Phone (805) 526-7161				Requested Turnaround Time in Business Days (Surcharges) please circle CAS Project						t No.	
Fax (805) 526-7270				1 Day (100%) 2 Day (75%) 3 Day (50%) 4 Day (35%) 5 Day (25%)							
Canana and Nama 9 Address (Danastina Indian	f = = t : \			Project Name				CAS Contac	t:		
Company Name & Address (Reporting Information)				Project Name							
								Analysis Method/Analytes			
	Project Number										
Project Manager				P.O. # / Billing Information							
			1.0. n / Diming information						Comments		
Phone Fax											e.g. Actual
										Preservative or specific instructions	
Email Address for Result Reporting				Sampler (Print & Sign)							
	Laboratory	Date	Time	Sample Type	Canister ID	Flow Controller	Comple				
Client Sample ID	ID Number	Collected	Collected	(Air/Tube/ Solid)	(Bar code # - AC, SC, etc.)	(Bar code - FC #)	Sample Volume				
				oona /	7.10, 00, 0101)	,	7 0.0				
Report Tier Levels - please select											
Fier I - (Results/Default if not specified)		Tier III (Data V	alidation Packa	ge) 10% Surcha	rae		EDD require	d Yes / No			Project Requirements
Fier II (Results + QC) Tier V (client specified)								EDD Units:			(MRLs, QAPP)
Reliquished by: (Signature)			Date:	Time:	Received by: (Signature				Date:	Time:	_
veliquistied by: (Signature)			Date.	Tillie.	Neceived by. (Signature	7)			Date.	Time.	
Reliquished by: (Signature) Date:			Date:	Time: Received by: (Signature)					Date:	Time:	
				Time: Received by: (Signature)							
Reliquished by: (Signature) Date:			Date:						Date:	Time:	Cooler / Blank Temperature°C
			<u> </u>								remperature C