Clear All

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A

AIR/GAS SAMPLES CHAIN OF CUSTODY RECORD

REPORT TO

CONTACT NAME
COMPANY
ADDRESS
CITY | STATE | ZIP CODE
PHONE NO. | FAX NO. | P.O. NO.
EMAIL ADDRESS | QUOTE NO.

INVOICE TO

CONTACT NAME | ☐ SAME
COMPANY
ADDRESS
CITY | STATE | ZIP CODE
PHONE NO. | EMAIL ADDRESS

PROJECT NO./NAME | SAMPLER(S) - PLEASE PRINT/SIGN NAME

TURNAROUND TIME REQUIRED ☐ 1 DAY ☐ 2 DAYS ☐ 3 DAYS ☐ STANDARD ☐ OTHER _____

DELIVERABLES REQUIRED ☐ LEVEL II ☐ LEVEL III ☐ LEVEL IV ☐ EDD ☐ OTHER _____

Certifications
☐ OHIO VAP ☐ NELAP
☐ DoD ☐ NPDES

ANALYSIS (ATTACH LIST IF MORE SPACE IS REQUIRED)

MERIT LAB NO. FOR LAB USE ONLY	SAMPLE TAG IDENTIFICATION-DESCRIPTION	Sample Date(s)	Time Start	Time Stop	Canister Vacuum in Field, "Hg (Start)	Canister Vacuum in Field, "Hg (Stop)	Flow Controller ID	Canister ID	Sample Type: Indoor Air	Ambient Air	Soil Gas	Landfill Gas	Other (specify in notes)	Analyses: TO-15	Other (specify in notes)	

Temperature (Fahrenheit)	Interior	Ambient	Notes
Start			
Stop			

Pressure (inches of Hg)	Interior	Ambient	Notes
Start			
Stop			

Notes

RELINQUISHED BY: SIGNATURE/ORGANIZATION ☐ Sampler DATE TIME
RECEIVED BY: SIGNATURE/ORGANIZATION DATE TIME
RELINQUISHED BY: SIGNATURE/ORGANIZATION DATE TIME
RECEIVED BY: SIGNATURE/ORGANIZATION DATE TIME

RELINQUISHED BY: SIGNATURE/ORGANIZATION DATE TIME
RECEIVED BY: SIGNATURE/ORGANIZATION DATE TIME

SEAL NO. SEAL INTACT YES ☐ NO ☐ INITIALS
SEAL NO. SEAL INTACT YES ☐ NO ☐ INITIALS

NOTES: TEMP. ON ARRIVAL _____

PLEASE NOTE: SIGNING ACKNOWLEDGES ADHERENCE TO MERIT'S SAMPLE ACCEPTANCE POLICY ON REVERSE SIDE