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CHAIN OF CUSTODY RECORD (AIR)

39 Spruce Street
East Longmeadow, MA 01028

ANALYSIS REQUESTED

Company Name:

Address:

Phone:

Project Name:

Project Location:

Project Number:

Project Manager:

Con-Test Quote Name/Number:

Invoice Recipient:

Sampled By:

Requested Turnaround Time: 7-Day, 10-Day, Due Date:
Rush-Approval Required: 1-Day, 3-Day, 2-Day, 4-Day
Data Delivery: Format: PDF, EXCEL, Other:
CLP Like Data Pkg Required:
Email To:
Fax To #:

Initial Pressure, Final Pressure, Lab Receipt Pressure

Please fill out completely, sign, date and retain the yellow copy for your records
Summa canisters and flow controllers must be returned within 15 days of receipt or rental fees will apply
For summa canister and flow controller information please refer to Con-Test's Air Media Agreement

Table with columns: Lab Use, Client Use, Collection Data, Duration, Flow Rate, Matrix, Volume. Includes sub-columns for Beginning/Ending Date/Time, Total Minutes Sampled, m³/min, L/min, Code, Liters, m³.

Comments:

Please use the following codes to indicate possible sample concentration within the Conc Code column above:
H - High; M - Medium; L - Low; C - Clean; U - Unknown

Matrix Codes:
SG = SOIL GAS
IA = INDOOR AIR
AMB = AMBIENT
SS = SUB SLAB
D = DUP
BL = BLANK
O = Other

Relinquished by: (signature)

Date/Time:

Detection Limit Requirements: MA

Special Requirements: MA MCP Required

Received by: (signature)

Date/Time:

Detection Limit Requirements: CT

Special Requirements: MCP Certification Form Required, CT RCP Required, RCP Certification Form Required

Relinquished by: (signature)

Date/Time:

Detection Limit Requirements: Other

Special Requirements: Other

Received by: (signature)

Date/Time:

Project Entity: Government, Municipality, MWRA, WRTA, Federal, 21 J, School, City, Brownfield, MBTA



NELAC and AIHA-LAP, LLC Accredited

Relinquished by: (signature)

Date/Time:

Other: Chromatogram, AIHA-LAP, LLC

PCB ONLY: Soxhlet, Non Soxhlet

Received by: (signature)

Date/Time: