Fiberglass Air Chain of Custody

Subject Property:	Turnaround Time (TAT) Options
Client Name:	☐ 3 HR ☐ 6 HR ☐ 24 HR ☐ 48 HR ☐ 72 HR

Client Phone:	Client Email:
Date:	Analysis Method *Check the Appropriate Box Below:*
PID # (Lab Use Only):	☐ NIOSH 7400 (Rule B)

Sample #	Location	Cassette #	Flow Rate (LPM)	Minutes	Total Volume (L)

Relinquished By: (Print)	Sign:	Date:	Time:
Received (Office):	Sign:	Date:	Time:
Received (Lab):	Sign:	Date:	Time:

Notes:

Page 1 of _____ pages

Sample #	Location	Cassette #	Flow Rate (LPM)	Minutes	Total Volume (L)

Notes:

Page _____ of _____ page