

## CHAIN OF CUSTODY RECORD

EnvisionAir | 1441 Sadlier Circle West Drive | Indianapolis, IN 46239 | Phone: (317) 351-0885 | Fax: (317) 351-0882



**Sampling Type:**  
 Soil-Gas:   
 Sub-Slab:   
 Indoor-Air:   
 www.envision-air.com

**Canister Pressure / Vacuum**

**REQUESTED PARAMETERS**

TO-15 Full List
TO-15 Short List

Client:		P.O. Number:	
Report Address:		Project Name or Number:	
Report To:		Sampled by:	
Phone:		QA/QC Required: (circle if applicable) Level III    Level IV	
Invoice Address:		Reporting Units needed: (circle) ug/m <sup>3</sup> mg/m <sup>3</sup> PPBV    PPMV	
Media types: 1LC = 1 Liter Canister 6LC = 6 Liter Canister TB = Tedlar Bag TD = Thermal Desorption Tube			
Desired TAT: (Please Circle One) 1 day    2 days    3 days    Std (5 bus. days)			

Air Sample ID	Media Type (see above)	Coll. Date (Start/Comp)	Coll. Time (Start/Comp)	Coll. Date (Comp. End)	Coll. Time (Comp. End)	Canister Serial #	Flow Controller Serial #	Initial Field (in. Hg)	Final Field (in. Hg)	Lab Received (in. Hg)	EnvisionAir Sample Number

Comments: \_\_\_\_\_

Relinquished by:	Date	Time	Received by:	Date	Time