

# CHAIN OF CUSTODY RECORD

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

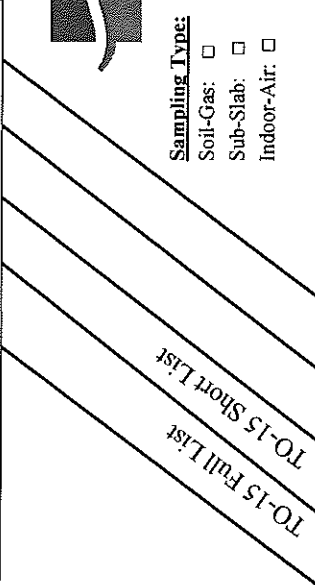


Sampling Type:  
Soil-Gas:   
Sub-Slab:   
Indoor-Air:   
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Canister Pressure / Vacuum

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
Desired TAT: (Please Circle One) 1 day    2 days    3 days    Std (5 bus. days)	Media types: 1LC = 1 Liter Canister 6LC = 6 Liter Canister TB = Tedlar Bag TD = Thermal Desorption Tube

**REQUESTED PARAMETERS**



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