AIR ANALYSIS

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CHAIN OF CUSTODY

320 Forbes Blvd, Mansfield, MA 02048
TEL: 508-822-9300 FAX: 508-822-3288

Date Rec'd in Lab:

ALPHA Job #:

Client Information

Client:

Address:

Phone:

Fax:

Email:

❑ These samples have been previously analyzed by Alpha

Project Information

Project Name:

Project Location:

Project #:

Project Manager:

ALPHA Quote #:

Turn-Around Time

❑ Standard ❑ RUSH *(only confirmed if pre-approved!)*

Date Due: **Time:**

Report Information - Data Deliverables

❑ FAX
❑ ADEx
Criteria Checker: _____
(Default based on Regulatory Criteria Indicated)
Other Formats: _____
❑ EMAIL (standard pdf report)
❑ Additional Deliverables:

Report to: (if different than Project Manager)

Billing Information

❑ Same as Client info PO #:

Regulatory Requirements/Report Limits

State/Fed	*Program*	*Criteria*

Other Project Specific Requirements/Comments:

All Columns Below Must Be Filled Out

ANALYSIS

ALPHA Lab ID (Lab Use Only)	Sample ID	Collection Date	Start Time	End Time	Initial Vacuum	Final Vacuum	Sample Matrix*	Sampler's Initials	Can Size	I D Can	I D - Flow Controller	TO-14A by TO-15	TO-15	TO-15 SIM	APH	FIXED GASES	TO-13A	TO-4 / TO-10	Sample Comments (i.e. PID)

*SAMPLE MATRIX CODES

AA = Ambient Air (Indoor/Outdoor)
SV = Soil Vapor/Landfill Gas/SVE
Other = Please Specify

Container Type

Relinquished By:	Date/Time	Received By:	Date/Time:

Please print clearly, legibly and completely. Samples can not be logged in and turnaround time clock will not start until any ambiguities are resolved. All samples submitted are subject to Alpha's Terms and Conditions. See reverse side.