



AIR-O-CELL CHAIN OF CUSTODY FORM

Company: _____ Telephone #: _____ Fax #: _____
 Contact: _____ Client Project Number: _____
 Relinquished by: _____ Date: _____ Time: _____
 Written Report To: _____
 Project Name: _____
 Turn-Around Time: (Circle One) Same Day | 24 Hour | 2-3 Day | 4-5 Day | Weekend Rush | After Hour Rush

For Laboratory Use Only

MSE Project #: MSE- _____ Comments: _____
 Samples Received by: _____ Date: _____ Time: _____
 Sample To Be Analyzed by: _____
 Samples Prepared By: _____ Method: Internal
 Samples Analyzed By: _____ Date: _____

Client ID Number	Sample Location / Type (I)inside(O)outside(B)blank (P)personal(A)ambient	Start Time	Stop Time	Total Time x Liters/Minute = Volume		

Results Transmitted/Date: _____ Fax/Phone By: _____