



AIR ANALYSIS - SORBENT MEDIA CHAIN OF CUSTODY

Page _____ of _____

Date Rec'd in Lab _____

ALPHA Job # _____

Project Information	Report Information - Data Deliverables	Billing Information																
Westborough, MA Mansfield, MA TEL: 508-898-9220 TEL: 508-822-9300 FAX: 508-822-3288 508-822-3288	<input type="checkbox"/> FAX <input type="checkbox"/> ADEx Criteria Checker: Other Formats: <input type="checkbox"/> EMAIL <input type="checkbox"/> Add'l Deliverables Report to: (if different than Project Manager)	<input type="checkbox"/> Same as Client Info PO # _____																
Client Information Client: _____ Address: _____ Phone: _____ Fax: _____ Email: _____		Project Name: _____ Project Location: _____ Project #: _____ (Use Project name as Project #) <input type="checkbox"/>	Regulatory Requirements/Report Limits <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">State/Fed</th> <th style="width:33%;">Program</th> <th style="width:33%;">Criteria</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	State/Fed	Program	Criteria												
State/Fed		Program	Criteria															
Project Manager: _____ ALPHA Quote #: _____ Turn-Around Time Standard <input type="checkbox"/> Due Date: _____ Rush (only if pre approved) <input type="checkbox"/> Time: _____	Project # _____ (Use Project name as Project #) <input type="checkbox"/>	_____																
These samples have been previously analyzed by Alpha <input type="checkbox"/>	_____	_____																

Other Project Specific Requirements/ Comments/Detection Limits	For PCBs, selection is REQUIRED: <input type="checkbox"/> Congeners <input type="checkbox"/> Homologs <input type="checkbox"/> Aroclors (Low Vol only)	ANALYSIS	NOTE: For metals, please specify elements of interest and media type. <input type="checkbox"/> PM-10 <input type="checkbox"/> TSP <input type="checkbox"/> MCE
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All Columns Below Must Be Filled Out																	
ALPHA Lab ID (Lab Use Only)	Sample ID	Collection					Sample Matrix*	Sampler's Initials	Media ID# (1)	TO-13A	PCBs (High Vol)	PCBs (Low Vol)	TO-11A	Hg via NIOSH 6009 Mod.	Metals	TO-17	Sample Comments (i.e. PID)
		Date	Start Time	End Time	Flow Rate (L/min)	Total Volume (L)											

* SAMPLE MATRIX CODES AA = Ambient Air (Indoor/Outdoor) SV = Soil Vapor/Landfill Gas/SVE Other = Please Specify	(1) Required for PUF cartridges, PM-10 and TSP filters and TO-17 sorbent tubes.	Media Type	P	P	P	D	T	F	T	Please print clearly, legibly and completely. Samples can not be logged in and turnaround time clock will not start until any ambiguities are resolved. BY EXECUTING THIS COC, THE CLIENT HAS READ AND AGREES TO BE BOUND BY ALPHA'S TERMS & CONDITIONS. (See reverse side.)	
Media Code	Relinquished By:	Date/Time	Received By:	Date/Time							
D = DNPH Cartridge											
F = Filter											
P = PUF Cartridge											
T = Sorbent Tube											
O = Other											
Form No: 101-13 (rev 01-OCT-2013)											