

Pace [®] Location Requested (City/State): **Air CHAIN-OF-CUSTODY Analytical Request Document**
 Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

LAB USE ONLY- Affix Workorder/Login Label Here

Company Name:	Contact/Report To:
Street Address:	Phone #:
City, State Zip:	E-Mail:
Customer Project #:	Cc E-Mail:
Project Name:	Invoice to:
Site Collection Info/Facility ID (as applicable):	Invoice E-Mail:
	Purchase Order # (if applicable):
	Quote #:
Time Zone Collected: [] AK [] PT [] MT [] CT [] ET	State origin of sample(s):



Scan QR code for instructions

Data Deliverables:	Regulatory Program (CAA, RCRA, etc.) as applicable:
[] Level II [] Level III [] Level IV	Rush (Pre-approval required):
[] EQUIS	[] Same Day [] 1 Day [] 2Day [] 3 Day Other _____
[] Other _____	Date Results Requested:

Permit # as applicable: _____

Units for Reporting: ug/m³ PPBV mg/m³ PPMV

* Matrix Codes (Insert in Matrix box below): Ambient (A), Indoor (I), Soil Vapor (SV), Other (O)

Customer Sample ID	Matrix *	Summa Canister ID	Flow Controller ID	Begin Collection		End Collection	
				Date	Time	Date	Time

Field Information					Analyses Requested					
					Proj. Manager:					
Canister Pressure / Vacuum					PUF / FILTER					
Start Pressure / Vacuum (in Hg)	End Pressure / Vacuum (in Hg)	Duration (minutes)	Flow Rate (m ³ /min or L/min)	Total Volume Sampled (m ³ or L)						

Additional Instructions from Pace®: _____

Collected By: _____

Printed Name: _____

Signature: _____

Relinquished by/Company: (Signature) _____ Date/Time: _____

Received by/Company: (Signature) _____ Date/Time: _____

Relinquished by/Company: (Signature) _____ Date/Time: _____

Received by/Company: (Signature) _____ Date/Time: _____

Relinquished by/Company: (Signature) _____ Date/Time: _____

Received by/Company: (Signature) _____ Date/Time: _____

Relinquished by/Company: (Signature) _____ Date/Time: _____

Received by/Company: (Signature) _____ Date/Time: _____

Customer Remarks / Special Conditions / Possible Hazards: _____

Coolers: _____ Thermometer ID: _____ Correction Factor (°C): _____ Obs. Temp. (°C): _____ Corrected Temp. (°C): _____

Tracking Number: _____

Delivered by: In- Person Courier

FedEX UPS Other

Page: _____ of: _____

Air Chain of Custody Instructions

***Pace Location Requested:** City and State of Pace Laboratory testing is to be performed at.

***Company Name:** Client's company name

***Street Address:** Client's mailing address

***City, State, Zip:** Client's city, state and zip code for mailing

***Contact/ Report to:** Person to receive results

Customer Project # and Project Name: Client's reference to the project or work involved with these samples.

Site Collection Info/ Facility ID: Client's location of project

Time Zone: Check time zone of sample to ensure proper hold times are met

Purchase Order #: Client specific number to be listed on project invoice for client billing purposes.

Invoice To: Client contact the project invoice needs to be emailed to.

Invoice Email: Email address that project invoice will need to be emailed to

***Phone #:** Client's contact phone number

E-mail: Client's e-mail for correspondence and final report

Regulatory Program: List the program that is guiding the work to ensure proper regulations are followed: CAA, etc.

Data Deliverable: Please select or enter required deliverables.

***County/State Origin of Samples:** State required to ensure proper reporting.

Units for Reporting: Please indicate the desired units for reporting of results.

***Customer Sample ID:** The unique sample ID you want to appear on the analytical report

***Collected Date:** Date sample was collected. For composite samples, please fill in both beginning and end date.

***Collected Time:** Time sample was collected. For composite samples, please fill in both beginning and end time.

***Summa Canister ID:** Please enter canister id

***Matrix:** Select from list provided list. If prepopulated chain is provided for you matrix codes may vary.

***Flow Controller ID:** Please enter ID of flow controller

***Field Information:** Please complete the applicable fields

***Analysis Requested:** Write the analysis name (or an abbreviation), the name of a group of tests, or the method number you would like us to perform. Examples are Fixed gases, TO-15, EPA 3C, etc.

Sample Comment: List any notes or important information about the individual sample here. Please identify in the sample comment if a sample should be used for MS/MSD.

Customer Remarks/Special Conditions/Possible Hazards: List special instructions about the sample here. If the sample is known or suspected to be hazardous indicate that here and attach SDS if possible. This space can also be used for listing additional analyses, or to request an extra copy of the report to be sent to an alternate person/address, etc.

Rush request: If faster than standard turnaround time results are needed. Circle one of the rush options and note the day the results are requested by. All rush requests require preapproval by the laboratory. Surcharges will apply for non- standard turnaround times. Results will be due by the end of business on the date due based on standard turnaround time unless other arrangements have been made with your Project Manager.

Summarized Sample Acceptance Policy Requirements:

- Proper, full and completed chain-of-custody documentation
- Readable unique sample container identification written in indelible ink
- Appropriate sample container
- Sufficient sample volume to perform requested tests
- Received within required holding time
- Received within temperature preservation requirements
- Sample containers received in good condition (not leaking or broken)
- Any custody seal intact
- Properly preserved
- No headspace in volatile water samples
- **Note:** When sample specific Quality Control is required (e.g. MS/MSD) please ensure necessary sample containers and sample volume is provided.

A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met.

Location Specific Sample Acceptance Policy available from your Project Manager

***Collected By:** Printed name of sample collector

***Collected By Signature:** Signature of sample collector

***Relinquished By/Received By:** This form **must be signed** each time the sample(s) changes hands. Custody seals are available upon request if needed.

***Required field:** Failure to fill in a required field may result in a sample(s) being put on hold until information can be obtained. This may result in a delay in receiving results.