Mountain Laboratories

Chain of Custody Record

Air/PCM Analysis

Standard	☐
Rush	☐

Customer Information:
(Name, Address, etc.)

Project Name: _____ **Project #:** _____

Point of Contact/Results to: _____ **Phone #:** _____

E-Mail Address: _____

Customer Sample Number				
Lab Number				
Sample Type				
Date Sampled				
Location				
Worker Name				
Activity				
Time on/Time off				
Flow Start/Stop/Avg.				
Volume				
Fibers/Fields				
Fibers/mm				
Fibers/cc				
Analyzed By				
Date Analyzed				

TWA Results: _____ Min: _____ F/cc: _____

TWA Results _____ Min: _____ F/cc: _____

Released By:	Delivery Method	Received By:	Date/Time

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