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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: _____