Chain of Custody and Sample Submittal Form

Air Quali	ty Environnnental, Inc.	Project Ty	/pe	Project/Job	D#	
9325 Seminole Boulevard, Seminole, Florida 33772 Ph (727) 398-0900 Fax (727) 398-0996 Client: Address:		Requested Turnaround () 4-5 Days-Normal () 3 Days Guaranteed () Next Day () Same Day () Immediate () 7-10 days Cultured samples Samples that arrive after 2:00pm will be received the				
		Phone: () Cell: ()				
Report addressed to:		Fax: Email:		<u> </u>		
Project/Job Name:						
Project/Job Address:	·					
All reports are mailed	via US Mail. If you would like this report faxed or emailed, plea	ase provide the infor	mation in the designate	d spaces abo	ve.	
Sample #	Location & Description of Sampled Area		*Sample Type	Total Time	Liter/Min.	Total Liters
* Please indicate for SWAB sampling, TL=tape lift or VC=viable culture. If neither in Sampled By: Transported By: Special Instructions:		stated for a swab sa	Received By / Date:	treated as a c	eulture.	