



**ASBESTECH**  
 6825 FAIR OAKS BLVD., STE 103  
 CARMICHAEL, CA 95608

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**AIR MONITOR LOG / SAMPLE ANALYSIS REQUEST / CHAIN OF CUSTODY**

CLIENT/ CONTACT PERSON \_\_\_\_\_

JOB # \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB LOCATION \_\_\_\_\_

PHONE \_\_\_\_\_

PERSONALS       AREAS  
 PCM (NIOSH 7400 A)       TEM \_\_\_\_\_       LEAD (NIOSH 7082)

SPECIAL INSTRUCTIONS/TURNAROUND TIME \_\_\_\_\_

SAMPLE #	IWA OWA	LOCATION	ACTIVITY	PUMP #	RESPIRATOR TYPE	WORKER NAMES	SAMPLE DATE	TIME ON/OFF	TOTAL TIME	FLOW ON/OFF	AIR VOLUME	FIBERS	FIELDS	FIBERS/ CC
	IWA OWA							/		/				
	IWA OWA							/		/				
	IWA OWA							/		/				
	IWA OWA							/		/				
	IWA OWA							/		/				
	IWA OWA							/		/				
	IWA OWA							/		/				
	IWA OWA							/		/				
	IWA OWA							/		/				

**CHAIN OF CUSTODY:**

WHITE: LABORATORY  
 YELLOW: FIELD

SEALED BY: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_