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A

REPORT TO

AIR/GAS SAMPLES CHAIN OF CUSTODY RECORD

INVOICE TO

CONTACT NAME			
COMPANY			
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE NO.	FAX NO.	P.O. NO.	
EMAIL ADDRESS		QUOTE NO.	

CONTACT NAME	<input type="checkbox"/> SAME
COMPANY	
ADDRESS	
CITY	STATE ZIP CODE
PHONE NO.	EMAIL ADDRESS

ANALYSIS (ATTACH LIST IF MORE SPACE IS REQUIRED)

PROJECT NO./NAME	SAMPLER(S) - PLEASE PRINT/SIGN NAME
TURNAROUND TIME REQUIRED <input type="checkbox"/> 1 DAY <input type="checkbox"/> 2 DAYS <input type="checkbox"/> 3 DAYS <input type="checkbox"/> STANDARD <input type="checkbox"/> OTHER _____	
DELIVERABLES REQUIRED <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III <input type="checkbox"/> LEVEL IV <input type="checkbox"/> EDD <input type="checkbox"/> OTHER _____	

Certifications	
<input type="checkbox"/> OHIO VAP	<input type="checkbox"/> NELAP
<input type="checkbox"/> DoD	<input type="checkbox"/> NPDES

Sample Type					Analyses	
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MERIT LAB NO. FOR LAB USE ONLY	SAMPLE TAG IDENTIFICATION-DESCRIPTION	Sample Date(s)	Time Start	Time Stop	Canister Vacuum in Field, "Hg (Start)	Canister Vacuum in Field, "Hg (Stop)	Flow Controller ID	Canister ID	Sample Type					Analyses		
									Indoor Air	Ambient Air	Soil Gas	Landfill Gas	Other (specify in notes)	TO-15	Other (specify in notes)	

Temperature (Fahrenheit)				Pressure (inches of Hg)				Notes
Interior	Ambient	Notes		Interior	Ambient	Notes		
Start				Start				
Stop				Stop				

RELINQUISHED BY: SIGNATURE/ORGANIZATION	<input type="checkbox"/> Sampler	DATE	TIME
RECEIVED BY: SIGNATURE/ORGANIZATION		DATE	TIME
RELINQUISHED BY: SIGNATURE/ORGANIZATION		DATE	TIME
RECEIVED BY: SIGNATURE/ORGANIZATION		DATE	TIME

RELINQUISHED BY: SIGNATURE/ORGANIZATION	DATE	TIME
RECEIVED BY: SIGNATURE/ORGANIZATION	DATE	TIME
SEAL NO.	SEAL INTACT YES <input type="checkbox"/> NO <input type="checkbox"/>	INITIALS
SEAL NO.	SEAL INTACT YES <input type="checkbox"/> NO <input type="checkbox"/>	INITIALS
NOTES:		TEMP. ON ARRIVAL _____

PLEASE NOTE: SIGNING ACKNOWLEDGES ADHERENCE TO MERIT'S SAMPLE ACCEPTANCE POLICY ON REVERSE SIDE