



PCM Air Sample Chain of Custody

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Lab Job # _____

Project Name:		Company Name:		Date:	
Location:		Company Address:		Fax Number:	
City:	State:	Contact Name:		Email:	
Project Job #:		Phone Number:		Send Results by: Email <input type="checkbox"/> Fax <input type="checkbox"/>	

Lab ID	Client ID	WA ID	Sample Location	Sample Type*	Start Time	Stop Time	Sample Duration (m)	Average Flow Rate (l/m)	Total Volume (l)

Chain of Custody	Print Name	Sign Name	Date	Time (24 hr)
Sampled by:				
Relinquished by:				
Received at Lab by:				
Turn Around Time: (circle one)	Rush (1-2 hr) 24 hr 48 hr	Total Number of Samples (Including Field Blanks)		<div style="border: 1px solid black; width: 60px; height: 20px;"></div>

***Sample Type Abbreviations:** BG = Background Air Sample (NYS ICR 56 Phase 1B) D = Daily Air Sample (NYS ICR 56 Phase IIA, IIB, IIC- final cleaning)
C = Clearance Air Sample (NYS ICR 56 Phase IIC- clearance air sample) EL = Excursion Limit PEL = Permissible Exposure Limit FB = Field Blank
Other Abbreviations: WA = Work Area l = liter m = minutes l/m = liters per minute hr = hour

Integrated Diagnostic Analytics, Inc. does not collect the samples and is not responsible for improper sampling, collection and/or tampering of sample(s) prior to receiving the sample(s).