



CLIENT INFORMATION

Company Name:

Address:

Phone Number:

Contact Name:

PROJECT INFORMATION

Project Name / Location:

Site Contact Name:

Site Phone Number:

SAMPLE COLLECTION INFORMATION

Collected By:

Date Collected:

Source Description: Compressor Hrs:

Compressor Mfg.:

Model #:

Serial #:

SAMPLE INFORMATION

Source Syringe Number:

Ambient Syringe Number:

Filter Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S	0	0	0	<input type="text"/>	<input type="text"/>
A	0	0	0	<input type="text"/>	<input type="text"/>
F	0	0	0	<input type="text"/>	<input type="text"/>
Odor: <input type="checkbox"/> none/slight <input type="checkbox"/> pronounced					

Filter Sample Data Flow Rate: LPM

Total Time Sampled: MINUTES (minimum 10)

Sample Frequency: monthly quarterly semi-annual annual
 random special / other

ANSI/CGA G-7.1-1997 Section 5.1.6
 "...Air may have a slight odor but the presence of a pronounced odor should render the air unsatisfactory...."

ANSI/CGA G-7.1-1997 Section 5.6
 "Odor is checked by sniffing a moderate flow of air from the container being tested. CAUTION: Do not place face directly in front of the valve. Instead, cup the hand and bring some of the gas being vented toward the nose."

Standards followed by AQL are: ANSI/CGA Grade D & Grade E and NFPA 1500. Indicate other requirement:

Comments:

Sample Custody:	Relinquished By:	Date / Time	Received For AQL By:	Date / Time	Method Of Shipment	Condition of Samples & Shipment
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All applicable shaded areas must be filled in. Ship samples to: Air Quality Laboratories, Inc. 961 Doral Dr., Bartlett, IL 60103-3030