



# SPL, Inc.

## Analysis Request & Chain of Custody Record

### Air Testing Services

SPL Workorder No. \_\_\_\_\_

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of

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Client Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
 Project Name/No. \_\_\_\_\_  
 Site Name: \_\_\_\_\_  
 Site Location: \_\_\_\_\_  
 Collected by: (Sig.) \_\_\_\_\_  
 P.O.#: \_\_\_\_\_

Sample Container Type  
 C=Canister/T=Tedlar Bag  
 Sample Container Size (Insert the  
 size of sample container, ie. 1L = 1  
 Liter)

**Requested TAT**

24hr     48hr     72hr     5 Day

Standard     Contract     Other

**QC Requirements**

stand. qc     level III     level IV

TX TRRP     LA RECAP

**Report Results**

Fax     Email     pdf

Serial #'s		Client Sample Id:	Date	Time	Sample Container Type	Sample Container Size (Insert the size of sample container, ie. 1L = 1 Liter)	Analyses Requested	Canister Pressure / Vacuum		
Canister	Flow Reg.							Initial	Final	Lab

Client Comments:	1. Relinquished by: _____	date: _____	time: _____	2. Received by: _____
	3. Relinquished by: _____	date: _____	time: _____	4. Received by: _____
	5. Relinquished by: _____	date: _____	time: _____	6. Received by Laboratory: _____

<b>LAB USE ONLY</b>	Shipper Name	Airbill #	Opened By:	Temp. (°F)	Condition	Custody Seals Intact?	PM Review (Initials)
						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> None Present	
	Lab Comments: _____						