

**KAM CONSULTANTS**  
 35-40 36th Street  
 Long Island City  
 New York, 11106  
 Tel: (718) 729-1997  
 Fax: (718) 729-1876



# CHAIN OF CUSTODY FOR ASBESTOS AIR MONITORING

**CLIENT:** \_\_\_\_\_  
**PROJECT:** \_\_\_\_\_  
**SAMPLING DATE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

FIELD DATA					LAB ANALYSIS								
SAMPLE ID#	TYPE	LOCATION	RESPK	TIME IN	TIME OUT	FLOW BEF. (lpm)	FLOW AFTER (lpm)	VOLUME (liters)	FIBERS PER FIELD	FIBERS PER CC	FIBERS PER MM2	LAB ID #	CASSETTE 25MM 37MM
													TEST METHOD: PCM TEM
													TURN-AROUND TIME: IMMEDIATE 12-HOUR 24-HOUR 48-HOUR
													ANALYST:
													DATE OF ANALYSIS:

**SAMPLE TYPE:**  
 A=BACKGROUND, B=PREABATEMENT, C=DURING ABATEMENT, D=POST-ABATEMENT  
 E=OUTSIDE WORK AREA, F=INSIDE WORK AREA, G=MICROTRAP EXHAUST DISCHARGE  
 H=DECONTAMINATION FACILITY, I=CRITICAL BARRIER, J=OUTSIDE BLDG., K=FIELD BLANK  
 L= AIR QUALITY, M = COMPLIANCE MONITORING

**TYPE OF RESPIRATORS:**  
 1 = HALF FACE, 2 = PAPR, 3 = TYPE C, 4 = OTHER (SPECIFY):

**TYPE OF WORK:**  
 1= BLDG DECON, 2 = PLASTICIZING, 3 = GROSS REMOVAL, 4 = GLOVEBAG, 5 = CLEANING,  
 6 = ENCAPSULATION, 7 = BAGOUT, 8 = OTHER (SPECIFY):

TECHNICIAN: \_\_\_\_\_ ROTAMETER: \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

CHAIN OF CUSTODY DATE/TIME:	RECEIVED AT LAB BY:
RELINGUIISHED BY:	SAMPLE CONDITION UPON RECEIPT:
METHOD OF SHIPMENT:	DATE/TIME: