

Field Chain-of-Custody Record - AIR

NOTE: York's Std. Terms & Conditions are listed on the back side of this document.
This document serves as your written authorization to York to proceed with the analyses requested and your signature binds you to York's Std. Terms & Conditions unless superseded by written contract.

York Project No. _____

YOUR Information	Report To:	Invoice To:	YOUR Project ID	Turn-Around Time	Report Type/Deliverables
Company: _____	Company: _____	Company: _____	Purchase Order No.	RUSH - Same Day <input type="checkbox"/>	Summary Report _____
Address: _____	Address: _____	Address: _____		RUSH - Next Day <input type="checkbox"/>	Summary w/ QA Summary _____
Phone No. _____	Phone No. _____	Phone No. _____	Samples from: CT__ NY__ NJ__	RUSH - Two Day <input type="checkbox"/>	CT RCP Package _____
Contact Person: _____	Attention: _____	Attention: _____		RUSH - Three Day <input type="checkbox"/>	NY ASP A Package _____
E-Mail Address: _____	E-Mail Address: _____	E-Mail Address: _____		RUSH - Four Day <input type="checkbox"/>	NY ASP B/CLP Pkg _____
				Standard(5-7 Days) <input type="checkbox"/>	NJDEP Reduced _____

Print Clearly and Legibly. All Information must be complete. Samples will NOT be logged in and the turn-around time clock will not begin until any questions by York are resolved.

Samples Collected/Authorized By (Signature) _____
Name (printed) _____

- Air Matrix Codes**
- AI - INDOOR Ambient Air
 - AO - OUTDOOR Amb. Air
 - AE - Vapor Extraction Well/ Process Gas/Effluent
 - AS - SOIL Vapor/Sub-Slab

TO15 Volatiles and Other Gas Analyses

EPA TO-15 List	EPA TO-14A List
NYSDEC VI list	Tentatively Identified Compounds
NYSDEC STARS List	Air VPH
Project Specific List by TO-15	Helium
NJDEP Target List	Methane
CTDEP RCP Target List	OTHER _____

Detection Limits Required

≤ 1 ug/m³ _____

NYSDEC VI Limits _____
(VI =vapor intrusion)

NJDEP low level _____

Routine Survey _____

Other _____

Special Instructions

Standard Report _____

Standard Excel _____

Regulatory Comparison Excel _____

Sample Identification	Date Sampled	AIR Matrix	Canister Vacuum Before Sampling (in. Hg)	Canister Vacuum After Sampling (in. Hg)	Choose Analyses Needed from the Menu Above and Enter Below	Sampling Media
						6 Liter Summa canister _____ Tedlar Bag _____
						6 Liter Summa canister _____ Tedlar Bag _____
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						6 Liter Summa canister _____ Tedlar Bag _____

Comments

Samples Relinquished By _____ Date/Time _____	Samples Received By _____ Date/Time _____
Samples Relinquished By _____ Date/Time _____	Samples Received in LAB by _____ Date/Time _____