



Field Chain-of-Custody Record - AIR

YORK Project No. _____

York Analytical Laboratories, Inc. (YORK)'s Standard Terms & Conditions are listed on the back side of this document.
 This document serves as your written authorization for YORK to proceed with the analyses requested below.
 Your signature binds you to YORK's Standard Terms & Conditions.

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Page ____ of ____

YOUR Information	Report To:	Invoice To:	YOUR Project Number	Turn-Around Time
Company:	Company:	Company:	YOUR Project Name	RUSH - Next Day
Address:	Address:	Address:		RUSH - Two Day
Phone.:	Phone.:	Phone.:		RUSH - Three Day
Contact:	Contact:	Contact:		RUSH - Four Day
E-mail:	E-mail:	E-mail:	YOUR PO#:	RUSH - Five Day
				Standard (6-9 Day)

<i>Please 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.</i>	Air Matrix Codes	Samples From	Report / EDD Type (circle selections)			YORK Reg. Comp.
	AI: Indoor Ambient Air AO: Outdoor Amb. Air AE: Vapor Extraction Well Process Gas/Effluent AS: Soil Vapor/Sub-Slab	New York New Jersey Connecticut Pennsylvania Other:	<input type="checkbox"/> Summary Report <input type="checkbox"/> QA Report <input type="checkbox"/> NY ASP A Package <input type="checkbox"/> NY ASP B Package <input type="checkbox"/> NJDEP Reduced Deliverables <input type="checkbox"/> NJDEKQP	<input type="checkbox"/> CT RCP <input type="checkbox"/> CT RCP DQA/DUE <input type="checkbox"/> NJDEP Reduced Deliverables <input type="checkbox"/> NJDEKQP	<input type="checkbox"/> Standard Excel EDD <input type="checkbox"/> EQUIS (Standard) <input type="checkbox"/> NYSDEC EQUIS <input type="checkbox"/> NJDEP SRP HazSite <input type="checkbox"/> Other:	Compared to the following Regulation(s): (please fill in)
Samples Collected by: (print AND sign your name) _____						

Certified Canisters: Batch ____ Individual ____		Please enter the following REQUIRED Field Data			Reporting Units: ug/m ³ ____ ppbv ____ ppmv ____		
Sample Identification	Date/Time Sampled	Air Matrix	Canister Vacuum		Canister ID	Flow Cont. ID	Analysis Requested
			Before sampling (Hg)	After sampling (Hg)			

Comments:	Detection Limits Required	Sampling Media
	≤ 1 ug/m ³ _____ NYSDEC V1 Limits _____ Routine Survey _____ Other _____	6 Liter Canister Tedlar Bag
1. Samples Relinquished by / Company _____ Date/Time _____	1. Samples Received by / Company _____ Date/Time _____	2. Samples Relinquished by / Company _____ Date/Time _____
2. Samples Received by / Company _____ Date/Time _____	3. Samples Relinquished by / Company _____ Date/Time _____	3. Samples Received by / Company _____ Date/Time _____
4. Samples Relinquished by / Company _____ Date/Time _____	4. Samples Received by / Company _____ Date/Time _____	Samples Received in LAB by _____ Date / Time Temperature _____

