

**CENTER FOR INDOOR AIR RESEARCH
DATA SHEET AND CHAIN OF CUSTODY SHEET
(Please print clearly)**

Company Name: _____
 Name: _____ Phone: _____ FAX: _____
 Address: _____ Email Address: _____
 _____ Method of Delivery: _____
 Project Name(sample site location): _____
 Sample Set ID (Lab Use Only): _____

Sample # (lab use only)	Sample Description or Location	Date Sample Taken	Type of Sample	Flow Rate (if applicable)	Length of Sampling (if applicable)	Remarks	Condition Unacceptable (Lab use only)

Released by: _____ Date: ____/____/____
 (Signature or client)

Received by: _____ Date: ____/____/____