



Company:		Address:			Project Name:						Project Number:					
Phone:		Fax:			<b>SAMPLING INFORMATION</b>											
Sampled by:		Signature:			Sample Start						Sample Stop					
#	Sample ID	Canister Serial #	Flow Controller ID#	Canister Cert. ID#	Date	Time (24hr)	Canister Pressure in Field ("Hg)	Flow Control Readout (mL/min)	Temperature		Date	Time (24hr)	Canister Pressure in Field ("Hg)	Flow Control Readout (mL/min)	Temperature	
									Interior (°F)	Ambient (°F)					Interior (°F)	Ambient (°F)
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
<b>Date Shipped Out From Lab:</b>					<b>Field Notes:</b>											
<b>Date Received Back To Lab:</b>																
<b>Weather Conditions</b>																
Ambient Temp Avg: _____																
Ambient Temp High/Low: _____																
Indoor Air Temp Avg: _____																
Barometric Pressure: _____																
Wind Speed/Direction: _____																
Other: _____																