



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:
WORK AREA:

SAMPLING DATE:
ADDRESS:

FIELD DATA										LAB ANALYSIS					
SAMPLE ID#	TYPE	LOCATION	R E S P	W O R K	TIME IN	TIME OUT	TOTAL TIME (minutes)	FLOW IN (lpm)	FLOW OUT (lpm)	VOLUME (liters)	FIBERS PER FIELD	FIBERS PER CC	FIBERS PER MM ²	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:	B=PRE-ABATEMENT, C=DURING ABATEMENT, D=POST-ABATEMENT L= AIR QUALITY, M = COMPLIANCE MONITORING	DOE PROJECT # (if applicable) DOE W/O#: KAM#:	SCA PROJECT # (if applicable) SCA PROJECT ID: SCA SERVICE ID: KAM#:
SAMPLE LOCATION:	E=OUTSIDE WORK AREA, F=INSIDE WORK AREA, G=MICROTRAP EXHAUST DISCHARGE H=DECONTAMINATION FACILITY, I=CRITICAL BARRIER, K=FIELD BLANK	NYCHA PROJECT # (if applicable) NYCHA AUTH #:	OTHER:
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#: _____ CALIBRATION DATE: _____ PAGE _____ OF _____

CHAIN OF CUSTODY	Relinquished by: (Full Name & Sign)		Date	Time	Comments	Submittal Method	Received by: (Full Name & Sign)	A / R	Date & Time
	1.							1.	
2.							2.		