

TS#: _____

1801 Route 51 South, Bldg. 9, Jefferson Hills, PA 15025 412-387-1001

<i>Company/ Contact:</i>		<i>Project/ Location:</i>	
		<i>P.O. #:</i>	
	Telephone: _____ Fax: _____		
	Contact: _____ E-mail: _____		

ANALYSIS REQUESTED (Please specify test and method)

LEVEL	Sample Description	Flow rate (Lpm)			Sample Time			Total Volume (L)	Date	<i>Requested Turnaround</i> **Call ahead & Early A.M. delivery, rush charges apply									
		Start	Stop	Ave.	Start Time	Stop Time	Total Minutes			Same day**	Next day**	3 days**	5 days	7+ days					
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

COMMENTS:

(1) Relinquished by:	Date	Time	(2) Received by	Date	Time	(3) Relinquished by	Date	Time
(4) Received by	Date	Time	(5) Relinquished by	Date	Time	(6) Received at lab by	Date	Time

Method of Delivery: DHL Courier Fed Exp UPS US Mail Other: _____ Page ____ of ____