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Chain of Custody

IAQ *Home Survey*™ IAQ *Commercial Survey*™

COC No.

For Prism Use Only – Do Not Fill In

CONTACT INFORMATION	
Sampling Professional:	Phone:
Company:	Email:
Billing Address:	

LOCATION TESTED	
Project Name:	Project No.:
Address:	

It is important to fill out all information so your results can be correctly calculated and returned to you.
 Please notify lab when a sample is shipped for any 1 business day (1 BD) rush turnaround request and by checking the box at bottom of page.

*Required Field - Please Write Legibly

Sample Number <small>Prism Use Only</small>	Sample Information						Analysis Requested*						Sample Name			
							<i>Residential</i>			<i>Commercial</i>				<i>Other</i>		
Tube Number* Ex: AA123	Date Collected*	Pump Start Time*	Pump Stop Time*	Temperature	Humidity	A2-IAQHSI <small>(IAQHS – Inspect)</small>	A2-IAQHSP <small>(IAQHS – Predict)</small>	A14-IAQHSF <small>(Formaldehyde) *Max. 30min. sample</small>	A2-IAQCSI <small>(IAQCS – Inspect)</small>	A2-IAQCSP <small>(IAQCS – Predict)</small>	A14-IAQCSF <small>(Formaldehyde) *Max. 30min. sample</small>	A2-TSC <small>(Tobacco Smoke)</small>				Note: Briefly describe the actual sample collection location. Ex. Kitchen
Location, notes, and comments about testing:																

Custody

Turn Around Time (TAT):	Requested Service:
STD: Within 2 business days of receipt for Inspect, Predict, Formaldehyde. Within 5 business days for TSC. STD is default. 1 BD: 1 Business Day (2x \$)	<input type="checkbox"/> Standard <input type="checkbox"/> 1 BD Note: STD is default

Sent By:	Date:	Time:
Received By: (At Prism)	Date:	Time: