ENTHALPY ANALYTICAL

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Chain of Custody

IAQ Home Survey™ IAQ Commercial Survey™

COC No:

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

Location, notes, and comments about testing:

Custody

Turn Around Time (TAT):
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 $)

Requested Service:

❑ Standard
❑ 1 BD

Note: ***STD is default***

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

[form: IAQS COC.e18]

Retention of records is seven years. Records older than seven years will be destroyed without notification.