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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.

	Sample Information							Analysis Requested*						Sample Name or Location
								Residential			Commercial			
Sample Number <small>Prism Use Only</small>	Tube Number*	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: Always describe the actual sample collection location.
Comments & Observations (e.g., windows were open):														

* Required Field

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 <i>Note: STD is default</i>

Sent By:	Date:	Time:
Received By: <small>(At Prism)</small>	Date:	Time: