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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 Information						Analysis Requested*						Sample Name	
							Residential			Commercial				Other
Sample Number Prism 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) <small>*Max. 30min. sample</small>	A2-IAQCSI (IAQCS – Inspect)	A2-IAQCSP (IAQCS – Predict)	A14-IAQCSF (Formaldehyde) <small>*Max. 30min. sample</small>	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):	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 <small>Note: STD is default</small>

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