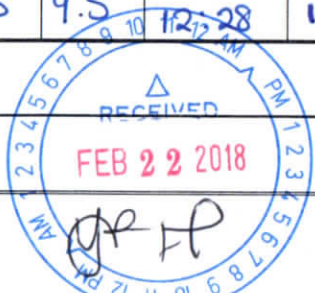


AIR SAMPLE REQUEST FORM

Client: SAC02 FACS Sacramento Sonoma State University	Sampled by: Esteeve Thurairajah PM: David Justin Brinkerhoff Date: 2/21/2018
Contact: David Justin Brinkerhoff Phone: (916) 726-1303	Special Instructions: E-mail results to: dbrinkerhoff@forensicanalytical.com , ethurairajah@forensicanalytical.com , sac@forensicanalytical.com
Site: Sonoma State University - 1801 E. Cotati Avenue, Rohnert Park, CA	Turnaround Time: <input type="checkbox"/> < 12hr <input type="checkbox"/> Same-D <input type="checkbox"/> 1-Day <input checked="" type="checkbox"/> 2-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 5-Day <input type="checkbox"/> Other <input type="checkbox"/> Due Date and Time:
Client No.: C17451 FACS Job #: PJ29642	Analysis: <input type="checkbox"/> PCM / TEM: <input checked="" type="checkbox"/> AHERA / <input type="checkbox"/> Yamate II / <input type="checkbox"/> NIOSH 7402 / <input type="checkbox"/> CARB-AHERA <input type="checkbox"/> Metals: Pb <input type="checkbox"/> Other: <input type="checkbox"/> Hold Blanks
Calibration: <input checked="" type="checkbox"/> Rotometer / <input type="checkbox"/> Bubble Burette / <input type="checkbox"/> Dry Cell No:	Code F: Analyzed by: _____ Date: _____ Scope No.: _____

Sample No.	Sample Location	Type	Pump ID	LPM			Time On	Time Off	Total Volume	Fiber / Field	Fiber / CC
				Start	End	Average					
CR235363	Blank										
CR235349	Blank										
CR235322	CARSON, OFFICE - 20A HALL	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	09:26	12:06	1,520		
CR235342	OFFICE-14A (KATE FOLEY-BEINZING)	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	08:37	11:47	1,805		
CR235350	OFFICE-50 (OLIVER WARTEN)	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	09:33	12:08	1,472.5		
CR235339	OFFICE-65 (MARGARET SHAW)	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	08:55	11:55	1,710		
CR235400	OFFICE-7	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	09:06	11:56	1,615		
CR235409	OFFICE-37 (MUTOMBO M'PANYA)	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	09:15	12:00	1,567.5		
CR235509	NICHOLS HALL 3 RD FLOOR, OFFICE 304 (JOSEFA PACE)	<input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	12:20	15:31	1,814.5		
CR235711	3 RD FLOOR, OFFICE 380A (TAZ RUSSOTTI)	<input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	12:28	15:35	1,776.5		

Relinquished by: Esteeve Thurairajah <i>[Signature]</i>	Date & Time: 2/21/18	Received by: _____	Date & Time: _____
Relinquished by: _____	Date & Time: _____	Received by: _____	Date & Time: _____



* B - Background R - Removal C - Clearance

AIR SAMPLE REQUEST FORM

Client: SAC02 FACS Sacramento Sonoma State University	Sampled by: Esteve Thurairajah PM: David Justin Brinkerhoff Date: 2/21/2018														
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Site: Sonoma State University - 1801 E. Cotati Avenue, Rohnert Park, CA	Turnaround Time: <table style="display: inline-table; border: none;"> <tr> <td>< 12hr</td> <td>Same-D</td> <td>1-Day</td> <td>2-Day</td> <td>3-Day</td> <td>5-Day</td> <td>Other</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> Due Date and Time:	< 12hr	Same-D	1-Day	2-Day	3-Day	5-Day	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
< 12hr	Same-D	1-Day	2-Day	3-Day	5-Day	Other									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Client No.: C17451 FACS Job #: PJ29642	Analysis: <table style="display: inline-table; border: none;"> <tr> <td><input type="checkbox"/> PCM / TEM:</td> <td><input checked="" type="checkbox"/> AHERA /</td> <td><input type="checkbox"/> Yamate II /</td> <td><input type="checkbox"/> NIOSH 7402 /</td> <td><input type="checkbox"/> CARB-AHERA</td> </tr> <tr> <td><input type="checkbox"/> Metals: Pb</td> <td><input type="checkbox"/> Other:</td> <td colspan="3">Hold Blanks</td> </tr> </table>	<input type="checkbox"/> PCM / TEM:	<input checked="" type="checkbox"/> AHERA /	<input type="checkbox"/> Yamate II /	<input type="checkbox"/> NIOSH 7402 /	<input type="checkbox"/> CARB-AHERA	<input type="checkbox"/> Metals: Pb	<input type="checkbox"/> Other:	Hold Blanks						
<input type="checkbox"/> PCM / TEM:	<input checked="" type="checkbox"/> AHERA /	<input type="checkbox"/> Yamate II /	<input type="checkbox"/> NIOSH 7402 /	<input type="checkbox"/> CARB-AHERA											
<input type="checkbox"/> Metals: Pb	<input type="checkbox"/> Other:	Hold Blanks													
Calibration: <input checked="" type="checkbox"/> Rotometer / <input type="checkbox"/> Bubble Burette / <input type="checkbox"/> Dry Cell No:	Code F: Analyzed by: _____ Date: _____ Scope No.: _____														

Sample No.	Sample Location	Type	Pump ID	LPM			Time On	Time Off	Total Volume	Fiber / Field	Fiber / CC
				Start	End	Average					
—	Blank										
—	Blank										
CR285323	NICHOLS, 2 ND FLOOR, HALL OFFICE 214 (LINNEA MULLINS)	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	12:35	15:40	1,757.5		
CR285407	2 ND FLOOR OFFICE 270 (WENDY SMITH)	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	12:40	15:45	1,757.5		
CR285337	1 ST FLOOR OFFICE 124 (NANCY VETCA)	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	12:50	15:50	1,710		
CR285348	1 ST FLOOR DEPT. OF NURSING OFFICE 182 (JOHANNA EDMUNDS)	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.5	9.5	9.5	12:56	15:56	1,710		
		<input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C									
		<input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C									
		<input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C									
		<input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C									

Relinquished by: Esteve Thurairajah <i>[Signature]</i>	Date & Time: 2/21/18	Received by: <i>[Signature]</i>	Date & Time: _____ Condition Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No
Relinquished by: _____	Date & Time: _____	Received by: _____	Date & Time: _____ Condition Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No



* B - Background R - Removal C - Clearance