

AIR SAMPLE REQUEST FORM

Client: SAC02 FACS Sacramento Sonoma State University	Sampled by: <i>C. MIREA</i> PM: David Justin Brinkerhoff	Date: <i>5/18/17</i>
Contact: David Justin Brinkerhoff Phone: (916) 726-1303	Special Instructions: E-mail results to <i>sac@forensicanalytical.com</i> <i>Sacdata</i>	
Site: Sonoma State University 1801 E. Cotati Avenue, ROHNERT PARK, CA	Turnaround Time: <input type="checkbox"/> < 12hr <input type="checkbox"/> Same-D <input checked="" type="checkbox"/> 1-Day <input type="checkbox"/> 2-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 5-Day <input type="checkbox"/> Other	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: <i>HOLD ON BLANKS</i>	
Calibration: <input checked="" type="checkbox"/> Rotometer / <input type="checkbox"/> Bubble Burette / <input type="checkbox"/> Dry Cell No:	Code F: Analyzed by: _____ Date: _____	Scope No.: _____

HOLD

Sample No.	Sample Location	Type	Pump ID	LPM			Time On	Time Off	Total Volume	Fiber / Field	Fiber / CC
				Start	End	Average					
29642-0518-01	Blank SEALED			-	-	-	-	-	-		
29642-0518-02	Blank FIELD			-	-	-	-	-	-		
29642-0518-03	Rm. 364 NICHOLS HALL CONF. ROOM	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	9:00	11:30	1440.0		
29642-0518-04	Rm 344 NICHOLS HALL NOELLE OXENHANDLER OFFICE	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	9:04	11:33	1430.4		
29642-0518-05	Rm 211 NICHOLS HALL LENY STROBEL OFFICE	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	9:10	11:40	1440.0		
29642-0518-06	Rm 236 OFFICE NICHOLS HALL BARBARA SHREIBMAN'S; ARANNA B	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	9:16	11:43	1411.2		
29642-0518-07	Rm 304 NICHOLS HALL LECTURE RM	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	9:28	11:50	1363.2		
29642-0518-08	Rm 254 NICHOLS HALL RACHEL NAPOLI OFFICE	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	9:38	11:55	1315.2		
29642-0518-09	CARSON HALL OFFICE Rm. 62 IANTHE BRANTICAN S.	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	12:02	14:39	1497.6		
29642-0518-10	FANNON HALL OFFICE Rm 44 B STEPHAN DYER	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	12:06	14:43	1507.2		



Relinquished by: <i>Colin Mirea</i>	Date & Time: <i>5/18/17 18:10</i>	Received by: <i>[Signature]</i>	Date & Time: _____
Relinquished by: _____	Date & Time: _____	Received by: <i>[Signature]</i>	Date & Time: _____

Condition Acceptable Yes No

Condition Acceptable Yes No

*B - Background R - Removal C - Clearance

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Sample No.	Sample Location	Type	Pump ID	LPM			Time On	Time Off	Total Volume	Fiber / Field	Fiber / CC
				Start	End	Average					
	Blank										
	Blank										
<i>VOID</i> 29642-0518-11	<i>C.M.</i> CARSON HALL RM 24 LAURA WATT-OFFICE	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	12:11	—			<i>VOID - NOT SUBMITTED</i>
29642-0518-12	CARSON HALL RM 13 ENS P FACULTY	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	12:17	14:55	1516.8		
29642-0518-13	CARSON HALL RM 32 CHARLENE TUNG OFFICE	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	12:23	15:02	1526.4		
29642-0518-14	CARSON HALL RM 55 BENJAMIN FRYMER OFFICE	<input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> C		9.6	9.6	9.6	12:30	15:07	1507.2		
		<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: <i>Calvin Mirena</i>	Date & Time: 5/18/17 18:10	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