



OPTIMUM

Analytical and Consulting, LLC

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Air / PCM COC

Project Name: _____
 Site Address: _____
 Sampler Name: _____ Date: _____
Date Results Needed: _____

Company Name: _____
 Company Address: _____
 Company Phone #: _____
 Job #: _____
E-mail Results to: _____

Sample Number	Sample Location	Sample Type*	Work Activity**	Sampling Time (Minutes)			Flow Rate (Liters per Minute)			Total Volume (Liters)	Fiber Density	Fiber Count *	RESULT Fibers/Cubic Centimeter					
				Start	Stop	Total	Start	Stop	Average									
<u>CHAIN-OF-CUSTODY</u>				Microscope ID # _____ Rotameter ID # _____				*Sample Type Codes			**Work Activity Codes							
Relinquished by: _____ Printed Name: _____ Date: _____ Time: _____				Analytical Method: <i>NIOSH 7400, "A" Rules</i> f/mm ² - fibers per square millimeter Effective Filter Area = 385 mm ² Field Area = 0.00785 mm ² [*] Fibers per 100 Fields unless specified				IWA = Inside Work Area OWA = Outside Work Area HEPA = HEPA Exhaust BG = Background PL = Personal CL = Clearance DF = Decontam. Facility OT = Other			1 = Background 2 = Work Area Prep 3 = Asbestos Removal 4 = Waste Loadout 5 = Glovebag Removal 6 = Clearance Test 7 = Repair/Encapsulation 8 = Cleaning/Decontamination				9 = Pre-Abatement 10 = Gross Removal 11 = Fine Cleaning 12 = Repair/Encapsulation 13 = Soil Remediation 14 = Maintenance Activity 15 = Other			
Received By: _____ Printed Name: _____ Date: _____ Time: _____								Analyst Signature: _____										