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 Fax: (270) 527-5498 • Email: ted.audas@audasenvironmental.com

AE Project No.: \_\_\_\_\_

Client: \_\_\_\_\_

Client Contact: \_\_\_\_\_

Site: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

\_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Project: \_\_\_\_\_

Client Contract # / Release # / Work Order # / Purchase Order # / Etc.

| Date | Sample Number | Analyte: Pb, As, CrVI, Other | Sample Type: Air, Scrape, Wipe, Etc. | Time |     |           | Flow Rates (LPM) |      |     | Rotometer Number | Sample Volume or Area |
|------|---------------|------------------------------|--------------------------------------|------|-----|-----------|------------------|------|-----|------------------|-----------------------|
|      |               |                              | Turn Around Time: Std / Rush         | On   | Off | Total Min | Pre              | Post | AVG |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |
|      |               |                              |                                      |      |     |           |                  |      |     |                  |                       |

| SAMPLE NUMBER | LOCATION & TYPE OF WORK |
|---------------|-------------------------|
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TECHNICIAN(S): \_\_\_\_\_ Date: \_\_\_\_\_

LAB SENT TO: \_\_\_\_\_ DATE: \_\_\_\_\_ FED EX TRACKING #: \_\_\_\_\_