

fax: (610) 921-9667 or 921-8407

CHAIN OF CUSTODY

A02050705

Page 1 of 1

Report Results To:	PO #	Quote #		JOB ID: 19125-0297																			
	Name	James Cohn																					
	Company	ATC Associates Inc																					
	Mailing Address	104 E 25th Street 10th floor																					
Submit Invoice To:	City	New York	State	NY	ZIP	10010	ANALYSIS REQUESTED							Preservatives Key: A = Ascorbic Acid C = HCl H = HNO3 I = Ice N = NaOH O = Other: N2 = Na2SO3 S = H2SO4 Z = ZnAcetate X = None									
	Telephone #	212.353.8280	Fax #	212.353.8306	Use attachments if necessary.																		
	Please specify method requirements.																						
Due Date:	Name	SAME																					
	Company																						
	Mailing Address																						
	City	State	ZIP																				
Samplyd by: Wajdi & Tazrin	Telephone #	Fax #																					
	Credit Card Info (include exp. date)																						
	Sampling Location (Specify State):																						
	(Rush TAT requires Lab approval)																						
REPORTING REQUIREMENTS (Circle all that apply)																							
Full Data Package Reduced Deliverables Package Electronic Data Deliverables																							
UST NPDES MIPP RCRA Stormwater DEP (PWS #)																							
ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L or min)	Matrix Type	Sampling Info																			
				Date	Time																		
1	ATC-0516-89M-VOC1	120	AIR	5/16/02	600	play ground North																	
2	ATC-0516-89M-VOC2	120			600	play ground South																	
3	ATC-0516-89M-VOC3	120			600	11th floor Hall by cafeteria																	
4	ATC-0516-89M-VOC4	120			600	Rooftop																	
5	ATC-0516-89M-VOC5	Blank			Blank	Blank																	
6																							
7																							
8																							
9																							
10																							
(1) Relinquished by: Wajdi		Date	Time	(2) Received by:		Date	Time	(3) Relinquished by:		Date	Time	(4) Received by:		Date	Time	(5) Relinquished by:		Date	Time	(6) Received by: [Signature]		Date	Time

Other