

**SAMPLE INFORMATION SHEET**  
**Open Characterization Analysis Only**

**I. General Sampling Information**

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

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

Date Sampled: \_\_\_\_\_

**II. Reason for Sampling (Check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Indoor Air Survey          | <input type="checkbox"/> Industrial Workplace Evaluation            |
| <input type="checkbox"/> Odour Complaint            | <input type="checkbox"/> Process Characterization                   |
| <input type="checkbox"/> Health Concerns            | <input type="checkbox"/> Airborne emission from nearby industry     |
| <input type="checkbox"/> Baseline Monitoring        | <input type="checkbox"/> Underground Contamination/Vapour Intrusion |
| <input type="checkbox"/> Fire Residues              | <input type="checkbox"/> Mould/Microbial                            |
| <input type="checkbox"/> Ambient Air Quality Survey | <input type="checkbox"/> Meth Lab/ Grow Op                          |

**Others (please specify):** \_\_\_\_\_

**III. Do you need data interpretation to be included in the report?**

Yes

No

If **yes**, please provide the following information below:

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**Type of sampling Environment (check all that apply, or if different, please list the sample number):**

- |  |   |
|--|---|
| <input type="checkbox"/> Office Building               | <input type="checkbox"/> Automotive Repair Shop   |
| <input type="checkbox"/> School                        | <input type="checkbox"/> Hair Saloon              |
| <input type="checkbox"/> Library                       | <input type="checkbox"/> Industrial/Manufacturing |
| <input type="checkbox"/> Hospital                      | <input type="checkbox"/> Laboratories             |
| <input type="checkbox"/> Residential Home              | <input type="checkbox"/> Landfill Site            |
| <input type="checkbox"/> Museum                        | <input type="checkbox"/> Shipping Containers      |
| <input type="checkbox"/> Public Building / Court House | <input type="checkbox"/> Swimming Pool            |
| <input type="checkbox"/> Parking / Garage              | <input type="checkbox"/> Underground / Manhole    |
| <input type="checkbox"/> Restaurant                    | <input type="checkbox"/> Warehouse - General      |
| <input type="checkbox"/> Retail Store                  | <input type="checkbox"/> Waste Treatment Facility |

**Others (Please specify):** \_\_\_\_\_

**For industrial environments, please specify the industry type:**

- |   |  |
|---|--|
| <input type="checkbox"/> Adhesives/glues                | <input type="checkbox"/> Mining            |
| <input type="checkbox"/> Aerospace                      | <input type="checkbox"/> Paints            |
| <input type="checkbox"/> Agricultural                   | <input type="checkbox"/> Petrochemical     |
| <input type="checkbox"/> Automotive                     | <input type="checkbox"/> Plastic Extrusion |
| <input type="checkbox"/> Chemical                       | <input type="checkbox"/> Printing          |
| <input type="checkbox"/> Foundry                        | <input type="checkbox"/> Pulp & Paper      |
| <input type="checkbox"/> Furniture & Wood Manufacturing | <input type="checkbox"/> Steel/Metal       |
| <input type="checkbox"/> Gasoline station               | <input type="checkbox"/> Textile           |
| <input type="checkbox"/> Welding                        | <input type="checkbox"/> Transportation    |

**Others (Please specify):** \_\_\_\_\_

For Office/Indoor Air, please check those that are applicable:

Carpet Flooring	<input type="checkbox"/> Nylon	<input type="checkbox"/> Polyester	<input type="checkbox"/> Carpet Tiles
Other Flooring	<input type="checkbox"/> Vinyl/Linoleum	<input type="checkbox"/> Ceramic/Stone	<input type="checkbox"/> Hardwood <input type="checkbox"/> Laminate
New Paints	<input type="checkbox"/> Latex		
New Furniture			
Photocopier/Printers	<input type="checkbox"/> Photocopier	<input type="checkbox"/> Laser Printer	How many? _____
Last Renovations:	<input type="checkbox"/> 0-3 Months		
	<input type="checkbox"/> 3-6 Months		
	<input type="checkbox"/> 6-12 Months		

Any other major emission sources? Yes  No

Please describe: \_\_\_\_\_

\_\_\_\_\_

Please describe the sampling environment and activities at the time:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A) Presence of odour at the time of sampling? : Yes  No

Description of odour: \_\_\_\_\_

B) Chemicals used in the sampling environment? Yes  No  Not Sure

If YES, please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C) MSDS Attached? Yes  No

**IV. Sample Information:**

No. of Indoor Samples: \_\_\_\_\_

No. of Outdoor Samples: \_\_\_\_\_

**Samples taken at the area of concern:**

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

**Control Sample:**

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

**Outdoor Sample:**

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

**Field Blank:**

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

Sample ID \_\_\_\_\_ Location \_\_\_\_\_ Vol. \_\_\_\_\_ L.

**V. Meteorological Conditions**

% Humidity Indoor: \_\_\_\_\_ % Humidity Outdoor: \_\_\_\_\_

**For Outdoor Samples, please specify weather conditions:**

Sunny  Windy  Snowing  Raining

Ambient Temp: \_\_\_\_\_ Ambient Pressure: \_\_\_\_\_ Humidity: \_\_\_\_\_

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**VI. Other Relevant Information:**