



Air Sampling Data Sheet

Please complete and return with samples.

General Information:

Client		Calibration Tube No.	
Project Name/Number		Calibration Tube Flow	
Date Sampled		Sampler Name	

Type of sampling Environment:

- Office, School, Library, Residential Home, Hospital or other _____
- Automotive Repair Shop, Hair Salon, Parking/Garage or other _____
- Industrial/ Manufacturing, Landfill Site, Warehouse or other _____

Sampling Data:

	Tube 1	Tube 2	Tube 3	Tube 4
Tube Identification No.				
Flow Rate (ml/min)				
Total Sampling Time (min)				
Total Sample Volume (L)				
Pump No.				
Pump Flow Set at				
Indoor Sample*	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
Outdoor Sample*	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes

*Please indicate whether the sample is an indoor or outdoor sample by using a check mark.

Ambient Conditions:

	Ambient Temperature in °C	Ambient Pressure in Hg	Humidity	Other Conditions (ex. Rain, Snow, Dusty)
Indoor				
Outdoor				

Other Comments: