

Indoor Air Solutions Group Inc.

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Sample Submission Form

Project ID/Company: _____ Sampling Date: _____ Time of Day: _____

Contact: _____ Location: _____

Phone Number: _____ Relative Humidity: _____ Turnaround Time:¹ ___XU___ND___ ST

Fax Number: _____ Temperature: _____ Weather: _____

Sample ID	Location Description	Sample Type ²	Flow Rate	Sampling Time	Volume	Notes
		A / W / C				
		A / W / C				
		A / W / C				
		A / W / C				
		A / W / C				
		A / W / C				
		A / W / C				
		A / W / C				

Tape/Bulk Samples

Sample ID	Location Description	Visual Description of Material	Sample taken at Growth's edge (Y, N, don't know)	Notes

- Sample Relinquished By: _____ Date: _____ Received By: _____ Date: _____
- Integrity of Samples upon receipt: Satisfactory Unsatisfactory. If unsatisfactory please explain: _____
- Sample Relinquished By: _____ Date: _____ Received By: _____ Date: _____

Integrity of Samples upon receipt: Satisfactory Unsatisfactory. If unsatisfactory please explain: _____

1) XU=Same Day, ND=Next Day, ST=Standard

2) A=Air, W=Wall Cavity, C=Carpet