



# Sample Data Collection and Chain of Custody

715 Rankin Road NE  
Unit A  
Albuquerque, New Mexico 87107  
505-227-1837

Sample # \_\_\_\_\_  
Sample Date \_\_\_\_\_  
Time on: \_\_\_\_\_  
Flow rate on: \_\_\_\_\_  
Time off: \_\_\_\_\_  
Flow rate off: \_\_\_\_\_

Sample # \_\_\_\_\_  
Sample Date \_\_\_\_\_  
Time on: \_\_\_\_\_  
Flow rate on: \_\_\_\_\_  
Time off: \_\_\_\_\_  
Flow rate off: \_\_\_\_\_

Sample # \_\_\_\_\_  
Sample Date \_\_\_\_\_  
Time on: \_\_\_\_\_  
Flow rate on: \_\_\_\_\_  
Time off: \_\_\_\_\_  
Flow rate off: \_\_\_\_\_

Name and ID # of worker wearing sample pump  
ID #: \_\_\_\_\_

Name and ID # of worker wearing sample pump  
ID #: \_\_\_\_\_

Name and ID # of worker wearing sample pump  
ID #: \_\_\_\_\_

Description of work being accomplished  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of work being accomplished  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of work being accomplished  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Containment   
Glove Bag

Full Containment   
Glove Bag

Full Containment   
Glove Bag

Description of PPE being used

Description of PPE being used

Description of PPE being used

Respiratory Protection  
1/2 Face APR   
Full Face APR   
Full Face PAPR   
Suppled Air   
Other PPE  
Protective Coveralls   
Boots   
Gloves

Respiratory Protection  
1/2 Face APR   
Full Face APR   
Full Face PAPR   
Suppled Air   
Other PPE  
Protective Coveralls   
Boots   
Gloves

Respiratory Protection  
1/2 Face APR   
Full Face APR   
Full Face PAPR   
Suppled Air   
Other PPE  
Protective Coveralls   
Boots   
Gloves

Other Worker Representation  
Name: \_\_\_\_\_  
I.D. #: \_\_\_\_\_  
Name: \_\_\_\_\_  
I.D. #: \_\_\_\_\_  
Name: \_\_\_\_\_  
I.D. #: \_\_\_\_\_

Other Worker Representation  
Name: \_\_\_\_\_  
I.D. #: \_\_\_\_\_  
Name: \_\_\_\_\_  
I.D. #: \_\_\_\_\_  
Name: \_\_\_\_\_  
I.D. #: \_\_\_\_\_

Other Worker Representation  
Name: \_\_\_\_\_  
I.D. #: \_\_\_\_\_  
Name: \_\_\_\_\_  
I.D. #: \_\_\_\_\_  
Name: \_\_\_\_\_  
I.D. #: \_\_\_\_\_

Relinquished By: \_\_\_\_\_

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

Time: \_\_\_\_\_

Received By: \_\_\_\_\_

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

Time: \_\_\_\_\_