

Criterion Laboratories, Inc.

Asbestos Air Sample Log

Client Name: _____
 Site Address: _____

 Site Location: _____

Sample No: _____
 Project No.: _____
 Date: _____
 Day: _____

Sample Number	Type	Location	Pump Number	Time			Flow Rate (L/Min)	Volume (L)	Fibers Per Field	Fibers Per CC
				Start	Stop	Total Min.				

TYPE:
 1-Air Sample 2-Pre-Test 3-Post-Test 4-Personal 5-Field Blank 7-Ambient 8-Preparation

FIELD TECH _____