Air-O-Cell™ Cassette

Criterion Laboratories, Inc.

Total Fungal Spore Count / ID Sample Log (Method CLI 345)

Client: _____ **Project#:** _____ **Sample Date:** _____ **Technician:** _____

Site Address: _____ **TAT:** _____ **Project Manager:** _____

Sample #	Sample Type	Sample Location	Time		Total Minutes	Flow Rate (L/Min)	Volume (L)	Environmental Conditions	Results (Spores/m^3)
			Start	Stop					

Reporting Limit: 7 Spores/m^3 (Based on ~150 L/min)

TYPE: 1 – Inside/Indoors 2 – Outside / Outdoors 3 – Wall Check

Relinquished by: (Print/Sign) _____ **Date:** _____

Received by: (Print/Sign) _____ **Date:** _____

Analyzed by: (Print/Sign) _____ **Date:** _____