



(Please Refer To This
Number For Inquires)

1. Client Name: _____
2. Address 1: _____
3. Address 2: _____
4. Billing Email: _____
5. Phone #: _____

1. Job Name: _____

2. Job Location: _____

3. Job #: _____ PO#: _____

4. Contact Person: _____ Cell: _____

5. Collected by: _____ Cell: _____

Reports and Invoices provided by Email only.

AFTER HOURS (must be pre-scheduled) <input type="checkbox"/> 4 Hours <input type="checkbox"/> Late Night <input type="checkbox"/> Immediate Date Due: _____ <input type="checkbox"/> 24 Hours Time Due: _____ Comments: _____		NORMAL BUSINESS HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 3 Day <input type="checkbox"/> Same Day (6-8 Hours) <input type="checkbox"/> 5 Day + <input type="checkbox"/> 1 Day <input type="checkbox"/> Results Required By Noon <input type="checkbox"/> 2 Day Date Due: _____		REPORT TO: <input type="checkbox"/> Email 1: _____ <input type="checkbox"/> Email 2: _____ <input type="checkbox"/> Email 3: _____	
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*PCM Air – Please Indicate Filter Type: _____
☐ NIOSH 7400 _____ (OTY)

☐ AHERA _____ (QTY)

☐ NIOSH 7402 _____ (QTY)

☐ Other (specify _____) _____ (QTY)

☐ EPA 600 – Visual Estimate _____ (QTY) ☐ Pos
Stop
☐ EPA Point Count _____ (QTY)
☐ NY State Friable 198.1 _____ (QTY)
☐ Grav. Reduction ELAP 198.6 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

☐ Asbestos Soil PLM ____ (Qual) PLM ____ (Quan) PLM/TEM ____ (Qual) PLM/TEM ____ (Quan)

☐ ELAP 198.4/Chatfield _____ (QTY)
☐ NY State PLM/TEM _____ (QTY)
☐ Residual Ash _____ (QTY)
☐ Vermiculite _____ (QTY)

☐ Qual. (pres/abs) Vacuum/Dust _____ (QTY)
☐ Quan. (s/area) Vacuum D5755-95 _____ (QTY)
☐ Quan. (s/area) Dust D6480-99 _____ (QTY)

☐ Qual. (pres/abs) _____ (QTY)
☐ ELAP 198.2/EPA 100.2 _____ (QTY)
☐ EPA 100.1 _____ (QTY)

☐ All samples received in good condition unless otherwise noted.
(TEM Water samples _____°C) (For Lab Use Only)

☐ Pb Paint Chip ☐ % by Weight _____ (QTY) ☐ mg/kg _____ (QTY)
☐ *Pb Dust Wipe _____ (QTY) (Samples collected using ASTM approved media ☐
☐ *Pb Air _____ (QTY)
☐ Pb Soil/Solid _____ (QTY)
☐ Pb TCLP _____ (QTY)
☐ Drinking Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)
☐ Waste Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)
☐ Pb Furnace (Media _____) _____ (QTY)

☐ *Spore-Trap _____ (QTY) Collection Apparatus for Spore Traps/Air
☐ *Surface Swab _____ (QTY) Samples: _____
☐ *Surface Tape _____ (QTY) Collection Media _____
☐ Other (Specify _____) _____ (QTY)
☐ Surface Vacuum Dust _____ (QTY)

If field data sheets are submitted, there is no need to complete bottom section.

*It is recommended that blank samples be submitted with all air and surface samples.

SAMPLE #	MATERIAL and/or LOCATION DESCRIPTION
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DATE
(m/d/yyyy)

TIME
(hh:mm)VOL (L)
(Air Samples)Wipe Area
(Dust Samples)

TEM

 $\frac{1}{2}CM$

PLM

/ LEAD

/ Mo-

/

COMMENTS/SPECIAL INSTRUCTIONS

[illegible]

Print Name		Signature		Date: m/d/yyyy	Time: hh:mm	Delivery Information (For Lab Use Only)	
*Relinquished by:						<input type="checkbox"/> UPS <input type="checkbox"/> In-Person <input type="checkbox"/> Other	
Received by:						<input type="checkbox"/> FedEx <input type="checkbox"/> Drop Box <input type="checkbox"/> USPS <input type="checkbox"/> Courier	

*by submitting samples to AMA, you agree to abide by all of our terms & conditions. Please contact the laboratory at infor@amalab.com for a copy of our Terms & Conditions.