NEW MEXICO DEPARTMENT OF

AQ ANALYTICAL REQUEST FORM

SLD Accession #

User		
	nple Temp eipt @ SLD °C	
Submitter Name:		
Submitter Address: County: City:	State:	
Sampling Location:		
Sample Collection: On:///		
At: : L L L L L L_		
Sample Info Phone: If not collector, Contact: please print name:		
Sample Type: Filter #: Magazine #:		
PM Fraction: Please check the appropriate box below to indicate fraction		
☐ PM 10 ☐ PM 2.5		
Field Remarks:		
SLD Chain-Of-Custody Form		
Please use this CHAIN OF CUSTODY FORM to show transfer to the SLD Sample Receiving Section		
<u>Pre</u> <u>& I</u>	esent Not Present & ntact Present Damaged	
The sample identified on the container, and this form, was collected at the date and time shown in the form fields above; and by the sampler listed above, and was transferred with a tamper-proof seal. By (print)		
The sample identified on the container and this form was accepted either at the DATE / TIME STAMP shown in the top center of this form, or at the date and time entered below (by the non-lab person below), and with a tamper-proof seal.		
By (print): Date		
By (print) Date Time		