



**LONG ISLAND ANALYTICAL LABORATORIES INC.**  
 "TOMORROW'S ANALYTICAL SOLUTIONS TODAY"  
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**CHAIN OF CUSTODY RECORD / DAILY MONITORING SHEET**

CLIENT/CONTACT	PROJECT	DATE COLLECTED	<b>LABORATORY CHAIN ID #</b> <b>(FOR LAB USE ONLY)</b>
CLIENT ADDRESS	WORK AREA	TECHNICIAN	
CLIENT PHONE & FAX #	E-MAIL ADDRESS	TURNAROUND TIME: BY / / <input type="checkbox"/> NORMAL <input type="checkbox"/> STAT	

LABORATORY NO. For Laboratory Use Only	SAMPLE NO.	SAMPLE LOCATION, AREA & HEIGHT AND/OR EMPLOYEE	FLOW RATE (L/M)	TIME ON	TIME OFF	DURATION MINUTES	MEAN RATE (L/M)	LITERS	FIELDS	FIBERS	F/AMP	F/CC	ANALYSIS METHOD	PRE	DURING	POST	BACKGROUND	OSHA	ROTOMETER NO.	COMMENTS / INSTRUCTIONS	RECEIVED BY (SIGNATURE)	SAMPLE CUSTODIAN	DATE TIME	DATE TIME	PRINTED NAME		
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