

Sampling Form



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PROJECT #: _____

SAMPLE ID: _____ DATE: _____

BUILDING: _____ ROOM: _____

LOCATION: _____

SAMPLE TYPE: AREA: _____ BULK: _____ PERSONAL: _____ WIPE: _____

EMPLOYEE NAME: _____

SAMPLED AGENT: _____ SAMPLE MEDIA: _____

SAMPLE EQUIP.: _____ EQUIP. ID: _____

CALIBRATION SETTINGS:

INITIAL: _____ FINAL: _____ AVERAGE: _____

CALIBRATION DATE: _____

SAMPLING TIME: START: _____ STOP: _____

SAMPLE LENGTH: _____ SAMPLE VOLUME: _____

ANALYTICAL METHOD AND/OR LAB: _____

DATE SAMPLE SENT TO LAB: _____ DATE RESULT RETURNED: _____

RESULTS: _____

AIRBORNE CONCENTRATION: _____

REPORT SENT: _____

RECOMMENDATIONS:

COMMENTS:

SIGNATURE: _____