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ALL RUSH REQUESTS MUST BE AUTHORIZED PRIOR TO SAMPLE SUBMISSION

Standard Turn-Around Time (5 Business Days)

3 Business Day RUSH (50% surcharge is applied.)

2 Business Day RUSH (100% surcharge is applied.)

1 Business Day RUSH (200% surcharge is applied.)

LAB CONTACT WHO AUTHORIZED RUSH REQUEST:

TRAVELERS

TRAVELERS RISK CONTROL LABORATORY

99 LAMBERTON RD WINDSOR CT 06095-2127

Phone: 860-687-7400 Fax: 860-687-7430 Help Line: 1-800-842-0355 travelerslab.com

PLEASE RETURN EQUIPMENT TO THE ADDRESS ABOVE

		REPORT TO:	Check if change of a	address 🔲						-		IVOICE T	Check if same as Send Report To		
	.ompany: Address:								Α	mpany: ddress: _					
Phone #:					City, State, ZIP Code: Phone/Fax:										
Fax #:E-Mail Address:					PO <i>#</i> :							Call for Credit Card Information (MasterCard or Visa)			
Survey Date: Location Sampled:				Shift Duration:						(hour	Calibrator Barcode:				
Sample or Filter #	Sample Description or Person Sampled		Sampling Media (please choose one)	Start			Pump Barcode	Flow Rates (LPM) (2) Pre Post Average		Flow Rate Used	Sample Volume Liters	Analyte(s) Requested (review analyte compatibility codes in the Travelers Air Sampling G	mpling Guidelines)		
1234-5678-	X .Example P	Welding - Carbon	PVC filter - preweighed	08:35	15:45	Sampled 430	00001234	2.010	2.024	2.017	2.017	867.3	manganese, iron oxde LE DATA		
			:35 am = 08:35, 3:45 pm = 15:	45, do not e	exceed 24	hours)		*					 flow rate changed by more than 5%. The lower flow o calculate the sample air volume.	rate,	
(2) Enter the Pump Flow Rate in Liters per minute (LPM) Print Name							Date	Date							
Submitted by															
Received by (*				-						-	-			
Special Instru (Please List A															