

# Grades D and E air sampling chain of custody

## Filter sample outlet location

Sample #	Description	Location	Line pressure (psig)	Filter sample time		
				Start	Stop	Total (Minutes)

**Lab use only**

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*Sample set*

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*Date Received*

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*Received by*

**Check type of gas sample**

- Grade D air: breathing air
- Grade E air: SCBA air

**Turnaround time** (Please check one)

- Standard turnaround time
- 24 Hour rush – 200% Surcharge

**Special analysis instructions**

## Cylinder sample outlet location

Sample #	Description	Location	Line pressure (psig)	Cylinder sample time		
				Start	Stop	Total (Minutes)

## Contact information

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Contact name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email report copy

## ANSI/CGA Quality verification levels (Grades)

	Oil	CO	CO <sub>2</sub>	DP	O <sub>2</sub> (%)	THC	THHC
<b>Grade D</b>	5	10	1000	N.S.	19.5 – 23.5	N.S.	N.S.
<b>Grade E</b>	5	10	500	N.S.	20 – 22	< 25	N.S.

N.S. = Not Specified      °F = 1.8 °C + 32°F

## Billing information

\_\_\_\_\_  
Company

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## Sampling information

\_\_\_\_\_  
Project code

\_\_\_\_\_  
Customer name

\_\_\_\_\_  
Survey date:

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## Purchase order:

\_\_\_\_\_  
PO#

**Liberty Mutual Insurance Industrial Hygiene Laboratory**  
 94 South Street, Hopkinton, MA 01748  
 LMIHLaboratory@libertymutual.com      (800) 230-6263  
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