



Laboratory Use Only

Arrival Temperature: _____

AGAT Job/WO Number: _____

Notes: _____

Soil Vapour Chain of Custody

Emergency Support Services Hotline **1-855-AGAT 245 (1-855-242-8245)**

Report Information

Company: _____

Contact: _____

Address: _____

Phone: _____

AGAT Quote #: _____

Client Project #: _____

Report Information

1. Name: _____
Email: _____

2. Name: _____
Email: _____

3. Name: _____
Email: _____

Report Format

Single
Sample per Page
Multiple
Samples per Page
Excel Format Included
Export

Turnaround Time Required (TAT)

Regular TAT 5 to 7 working days

Rush TAT 2 Business Days - 50%
3 Business Days - 25%

Date Required: _____

PLEASE CONTACT LABORATORY IF RUSH REQUIRED.
EFFECTIVE DATE CUTT OFF - 3PM

Invoice To Same as above Yes / No

Company: _____

Contact: _____

Address: _____

Phone: _____

PO/AFE#: _____

Regulatory Requirements

Schedule 3.3 (Please Specify) _____

CCME (Please Specify) _____

Other (Please Specify) _____

Contamination Information

Site Type:
Residential Commercial Light Industrial Heavy industrial
Other: _____

Contamination of Concern:
Fuels Oil and Greases Dry Cleaning Reagents
Unknown: _____

Estimated Contamination Concentration:
Low Moderate High Unknown _____

LABORATORY USE (LAB ID #)	SAMPLE IDENTIFICATION	SAMPLE TUBE ID	DATE/TIME SAMPLED	SAMPLING DURATION (Min)	INITIAL FLOW RATE (mL/Min)	RETURNED FLOW RATE (mL/Min)														
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

Client Special Instructions

Samples Relinquished By (Print Name and Sign): _____	Date/Time _____	Samples Received By (Print Name and Sign): _____	Date/Time _____	Page _____ of _____
Samples Relinquished By (Print Name and Sign): _____	Date/Time _____	Samples Received By (Print Name and Sign): _____	Date/Time _____	

Nº: _____



Soil Vapour Chain of Custody

Emergency Support Services Hotline **1-855-AGAT 245 (1-855-242-8245)**

Report to:
Company: _____ Same as COC#: _____

LABORATORY USE (LAB ID #)	SAMPLE IDENTIFICATION	SAMPLE TUBE ID	DATE/TIME SAMPLED	SAMPLING DURATION (Min)	INITIAL FLOW RATE (mL/Min)	RETURNED FLOW RATE (mL/Min)													
11																			
12																			
13																			
14																			
15																			
16																			
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Client Special Instructions

Samples Relinquished By (Print Name and Sign):	Date/Time	Samples Received By (Print Name and Sign):	Date/Time
Samples Relinquished By (Print Name and Sign):	Date/Time	Samples Received By (Print Name and Sign):	Date/Time

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