

Have feedback?  
Scan here for a quick survey!



2910 12 Street NE  
Calgary, Alberta T2E 7P7  
P: 403-735-2005  
webearth.agatlabs.com

**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: \_\_\_\_\_

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

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

Page \_\_\_\_\_ of \_\_\_\_\_

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																					
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<b>Client Special Instructions</b>				Page _____ of _____
Samples Relinquished By (Print Name and Sign):	Date/Time	Samples Received By (Print Name and Sign):	Date/Time	N <sup>o</sup> :
Samples Relinquished By (Print Name and Sign):	Date/Time	Samples Received By (Print Name and Sign):	Date/Time	