

Audit Sample Request Form

Instructions

1. Copy attached form for future requests.
2. Fill in the blanks as completely as possible. If you know the concentration of the pollutant at the source being tested, list it in the “Target Concentration” column of the table. If you are ordering multiple liquid audit samples, you may request simply high, medium, or low. If you are ordering a single audit sample, please list the test site where it will be used in Item #4.
3. Types of available audit samples are listed at the bottom of the request form.
4. If you have any special shipping instructions, please describe them in Item # 5.
5. Please fax the completed form to (919) 541-1039.
6. After faxing the completed form, please call “The Source” at (919) 541-0200 and leave a voice mail message notifying us that you have requested an audit sample. Your message should include your name and telephone number. If we fail to receive your request or have any problem filling the request, we will give you a call.

Audit Sample Request Form

1. Name of Requestor _____ Agency _____

Address: Street _____

City _____ State _____ Zip _____

Telephone _____ e-Mail _____

2. List of requested audit samples:

Number of Samples	Sample Method	Target Concentration	Date Needed	Test Date

3. Shipping address if different from above:

Company _____

Street _____

City _____ State _____ Zip _____

Attention _____ Telephone No. _____

4. Test Site: Plant Name _____

Address _____ 5. Special

Shipping Instructions: _____

When you have completed the form, you may fax it to (919) 541-1039. After faxing the request, please call the help line at (919) 541-0200 and leave a voice message confirming that you have faxed an audit sample request. Please leave your name, telephone number, and the date of your fax so that we can contact you in case we do not receive the fax.

AVAILABLE AUDIT SAMPLES

Method 6/8

Method 18

Method 26

Method 7

Method 25

Method 23