Air Bill #_____

Dust Sample Collection Form

Inspector: _____ Certification #: _____

Address: _____ Owner: _____ Phase: _____ Building: _____ Dwelling: _____

Town: _____ Dates Samples Collected: _____ Date Samples Shipped to Lab: _____

Room #	Sample Type (F, S, W)	Sample Location	Surface Type	Surface Condition (G, F, P)	Smooth & Cleanable? (pre-)	Sample Size	Sample Number	Results (ug/sq ft)

Date Results Received: _____ Person Compiling Results: _____ Page _____ of _____

FOR CLEARANCE ONLY: Prior to collection of dust wipe samples, the property was found to be free of all visible dust and debris, and all painted surfaces were intact.

_____ _____ _____

Inspector's Signature Date Time