

Ambient Air Protocol Gas Verification Program Chain of Custody Form

TO BE COMPLETED BY MONITORING ORGANIZATION

Cylinder Information

Monitoring Organization: _____ Point of Contact: _____

Primary Quality Assurance Organization Code : _____

Producer Name: _____ Producer Point of Contact: _____

Producer Manufacturing Location Address: _____

Producer Contact Phone Number: _____ Producer Contact E-Mail: _____

Specialty gas vendor has verified the standard by comparison to: SRM NTRM GMIS (circle one)

Stamped Cylinder #: _____ Pressure _____ psig					
Certification Expiration Date _____					
Constituents	SO2 (ppm)	NO (ppm)	CO2 (%)	O2 (%)	CO (ppm)
Certified Concentration					
Analytical Uncertainty					

Receipt Date of cylinder from supplier: _____ Received By: _____

Date Shipped to Laboratory: _____ Shipping Mode & Carrier: _____

Shipping Tracking #: _____

Send this COC form with cylinder, and email form to the laboratory.

TO BE COMPLETED BY RAVL

Upon Receipt:

Laboratory Receipt Date: _____ Received by: _____

Integrity Acceptable: Yes ___ No ___ Contents Information Correct: Yes ___ No ___

Cylinder valve shrink wrapped: Yes ___ No ___ CGA shrink wrap is intact: Yes ___ No ___

Certification Expiration Date: _____ Confirm cylinder pressure: _____ psig

Shipping to Monitoring Organization:

Confirm cylinder pressure: _____ psig (post verification)

Date Shipped to Monitoring Org: _____ Shipping Mode & Carrier: _____

Shipping Tracking #: _____

Send this COC form to EPA upon completion of the measurements and resolution of all verification-related issues