|  |  |
| --- | --- |
| **This form is for air samples coming for asbestos analysis (ASB)** | |
| **Customer fills in:** | |
| **Client / Company:** | **Sampling date:** |
| **Billing address / other billing information (ref. number):** | **Site address and/or project number:** |
| **Delivery of results / e-mail and phone number:** | **The desired time for the results:** |
| **Name of the sampler:** | **Laboratory fills in (further information):** |

□ An order for an Asbestos Air Analysis Report according to **Health-related Conditions of Housing and Other Residential Buildings** (545/2015).

(The space/room can be determined to be suitable for living according to asbestos air regulations. This report is **not meant** for measurements done after asbestos renovations Vna 798/2015.)

**Customer fills in:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample ID/**  **number** | **Sample information: space/room** | **Sample volume, sampling time, diameter of the filter** | **Laboratory fills in:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**The customer fills in:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample ID/**  **number** | **Sample information: Space/room** | **Sample volume, sampling time, diameter of the filter** | **The laboratory fills in:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |