

QF-930-001E – SAMPLE SUBMISSION FORM – INHALABLE & RESPIRABLE DUST**SECTION A – Client Details**Client Name: _____
Address: _____
Contact Name: _____
Phone: _____ Email: _____**SECTION B – Project Details**Job / WO / PO Number: _____
Site Address: _____
Email Results to: _____**SECTION C – Sample Details**Sampled By: _____ No. of Samples Submitted: _____
Date Sampled: _____ Date Submitted: _____Analysis Type & TAT: Dust – Gravimetric (Inhalable) : Next Day (Standard)
Dust – Gravimetric (Respirable) : Next Day (Standard)
Dust – FTIR (Respirable) (includes Gravimetric) : 2 Day (Standard) **SECTION D – Payment Method**Credit Card Electronic Funds Transfer Cash Account
Payment by credit card incurs a 2.5% surchargeName on Card: _____ Receipt Number: _____
Card Number: _____ Account Name: Octief Pty Ltd
Expiry Date: _____ Account Number: 756398
CVC: _____ BSB: 034-195**OFFICE USE ONLY**Date / Time Received: _____ Received By: _____
Date Due: _____ Time Due: _____ AM / PM
Report: Checked: Yes Sent: Yes Report Authorised By: _____Certificate Number: Notes: _____

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Please provide the following information for each sample in the table below.

Sample Number	Monitoring Type (Inhalable / Respirable)	Sample Location	Filter Size	Run Time (minutes)	Initial Flow Rate (litres/minute)	Final Flow Rate (litres/minute)