

Customer Name: _____ Project Name/Number: _____

Address: _____ Phone: _____

_____ Attention to (email): _____

Sample Date: _____/ Time: _____ PO #: _____

Sampling performed by: _____

NOTE: Write N/A on any unused section

Sampling plan*			Sample #	Group 1-F	Group 1-M	Group 2	Group 3	Group 4	Group 5	Notes
Room <i>e.g. H₂ cleanroom, anteroom, storage room, unpacking area, infusion center, outpatient or administration clinic, care units</i>	Equipment/Item Specify if there is more than one <i>e.g. C-PEC, chair, cart, counter, cabinet, shelving unit, table, floor, door handle, pass-through, tray or bin, waste container</i>	Surface/site Specify area <i>e.g. subfloor of the C-PEC, front grill of the C-PEC, arm rest of the chair, back support of the chair, left, center, right, inner, outer, in front of, between, top, bottom</i>								
			#1							
			#2							
			#3							
			#4							
			#5							
			#6							
			#7							
			#8							
			#9							
			#10							

*Please refer to the *Diagram of the sampling plan* if one has been prepared

Signature _____ Date & Time _____