1. Sampling location :
2. Sampling team : 1.

 2.

 3.

1. Date of sampling :
2. Climatic condition : *Calm/windy/clear/cloudy/semi cloudy/rains/fog/snowfall*

*(Please tick mark the correct option)*

1. Ambient temperature :
2. Field observations :
3. For Suspended Particulate Matter (SPM) / Respirable Suspended Particulate Matter (RSPM)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S. No. | Filter Paper Number | Parameter (SPM/PM10) | Duration | Total sampling time (min.) | Average flow rate (m3/min.) | Remarks |
| From | To |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. For gaseous Pollutants

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Sample Code | Parameter Monitored | Duration | Total sampling time (min.) | Average flow rate (LPM) | Total vol. of sample (ml) | Remarks |
| From | To |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Note: 1. Indicate following conditions, if any, during sampling

* Sample contamination
* Damaged filter paper
* Sample lost
* Sample preservation
* Any other