



EMSL ANALYTICAL, INC.
LABORATORY - PROJECT 17773

**Industrial Hygiene
Chain of Custody**
EMSL Order Number (Lab Use Only):
332017773

EMSL ANALYTICAL, INC.
200 ROUTE 130 NORTH
CINNAMINSON, NJ 08077
PHONE: (800) 220-3675
FAX: (856) 858-3502

Report To Contact Name: CARESULTS@ULCOM		Bill To Company: ULVS (Healthy Buildings)		Client ID #:	
Company Name: ULVS (Healthy Buildings)		Attention To: LST.FAI.HBCARESULTS@ULCOM			
Street: 3251 OLD LEE HIGHWAY #100		Street: 3251 OLD LEE HIGHWAY #100			
City: FAIRFA	State/Province: VA	Zip/Postal Code: 20120	City: FAIRFA	State/Province: VA	Zip/Postal Code: 20120
Phone: 571.655.7919	Fax: 703.323.4440	Phone: 571.655.7919	Fax: 703.323.4440		
Project Name: 2009049NY_Experiment_01		Email Results To: CARESULTS@ULCOM		U.S. State where Samples Collected: PA	
# Samples in Shipment: 15	Date of Shipment: 01OCT2020	Purchase Order: #7862015983	Sampled By (Signature): <i>[Signature]</i>		

Turnaround Time (TAT) - Please Check: If No Selection Made, Standard 2 Week TAT Will Apply						Media Type:	
<input checked="" type="checkbox"/> 2 Week	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 4 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 2 Day	<input type="checkbox"/> 1 Day	<input type="checkbox"/> Other (Call Lab)	Lot #:

Client Sample ID	Location/Description	Analyte / Method	Media	Flow (lpm)	Sample Time On	Sample Time Off	Volume / Area	Sample Type	Sample Date	Comments
2009049NY-01A	Ex1_BR4_Pre	5506 PAH	225-1713 & XAD2	2.014 L	0751	0851	120.82	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	29SEP2020	s/n 850 180 2160
2009049NY-01B	Ex1_BR4_Post	5506 PAH	225-1713 & XAD2	2.003 L	1219	1319	120.19	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	29SEP2020	s/n 850 180 2157
2009049NY-01C	Field Blank	5506 PAH	225-1713 & XAD2				n/a	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	29SEP2020	s/n 850 190 4438
2009049NY-01A	Ex1_BR4_Pre	6009 Hg	226-17-1A	0.246 L	0751	0851	14.77	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	29SEP2020	s/n 874 800 9491
2009049NY-01B	Ex1_BR4_Post	6009 Hg	226-17-1A	0.24236	1219	1319	14.13	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	29SEP2020	s/n 874 800 9487
2009048NY_01C	Field Blank	6009 Hg	226-17-1A				n/a	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	29SEP2020	s/n 874 800 9483
2009049NY-01A	Ex1_BR4_Pre	6017 HCN	226-210	0.198 L	0751	0851	11.86	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	29SEP2020	s/n 840 420 1357
2009049NY-01B	Ex1_BR4_Post	6017 HCN	226-210	0.188 L	1219	1319	11.29	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	29SEP2020	s/n 840 420 1361

Note: Most NIOSH and OSHA methods require field blanks. It is the IH field sampler's responsibility to submit the proper number of field blanks and duplicates.

Released By	S. HORNER	Date	29SEP2020	Received By	<i>[Signature]</i>	Date	10/1/20 9:30
Comments: email for HCN transfer to HBD/11/13							

Controlled Document - Industrial Hygiene DOC - RA - 98/2015

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FM(Ax)
10/2/20 10:45am

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