

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

#33201784

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

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Date				Received By	Rec	Date					Released By
olicates.	blanks and dup	It is the IH field sampler's responsibility to submit the proper number of field blanks and duplicates.	it the proper r	bility to subm	r's responsit	id sample	It is the IH field		Note: Most NIOSH and OSHA methods require field blanks.	OSH and	Vote: Most NI
		Area Personal			- 4						ly.
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s/n 862 676 0460	30SEP2020	Area Personal	n/a				226-01	6013 H2S	Field Blank		2004049NY-02C
862 676 0437 & 862 676 0455	30SEP2020		11.27 L	1352	1252	0.187 L	226-01 x 2	6013 H2S	Ex2_LR_Hall_Post 6013 H2S		2004049NY-02B
862 676 0456 & 862 676 0457	30SEP2020	✓ Area ☐ Personal	11.43 L	0925	0825	0.190 L	226-01 x 2 0.190 L 0825	6013 H2S	Ex2_LR-Hall_Pre		2004049NY-02A
Comments	Sample Date	Sample Type	Volume / Area	Sample Time On Off	Samp	Flow (lpm)	Media	Analyte / Method	Location/Description	Loca	Client Sample ID
Lot #:	er/Part #:	Manufacturer/Part #:	II Lab)	Other (Call Lab)]1 Day	h	2 Day	☐3 Day	1 Week 4 Day	0	✓ 2 Week
		Media Type:	Apply	k TAT Will	lard 2 Wee	ie, Stanc	lection Mac	eck: If No Se	Turnaround Time (TAT) - Please Check: If No Selection Made, Standard 2 Week TAT Will Apply	nd Time	Turnarou
	The state of the s	y (Signatur	Purchase Order: #7862015983 Sampled B	786201598	e Order: #7			Date of Shipment: 010CT2020	ω	Shipmen	# Samples in Shipment:
U.S. State where Samples Collected: PA	J.S. State when		Email Results To: CARESULTS@ULCOM	CARESUL	esults To: (Email R		Experiment_02	2009049NY_Expe	1.5	Project Name:
4440	Fax: 703.323.4440	77	5.7919	Phone: 571.655.7919	Phon			Fax: 703.323.4440		655.7919	Phone: 571.655.7919
Zip/Postal Code: 22030	ice: VA	State/Province:		City: FAIRFAX		e: 22030	Zip/Postal Code: 22030	VA	State/Province:	×	City: FAIRFAX
	00	3251 OLD LEE HIGHWAY #100)LD LEE H		Street:			90	EE HIGHWAY #100	OLD	Street: 3251 OLD LEE
	AY	LEE HIGHWAY	3251 OLD L	Attention To: 3	Atter			ngs)	Company Name: ULVS (Healthy Buildings)	me: UL	Company Na
Client ID #:	0	ULVS (Healthy Buildings)		Bill To Company:	Bill 1			BOLCOM.	me: CARESULIS@ULCOM	ntact Na	Report To Contact Name: