



EMSL ANALYTICAL, INC.  
LABORATORY PRODUCTS TRAINING

# Industrial Hygiene Chain of Custody

EMSL Order Number (Lab Use Only):

#332018063

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

<b>Report To Contact Name:</b> CARESULTS@ULCOM		<b>Bill To Company:</b> ULVS (Healthy Buildings)		<b>Client ID #:</b>	
<b>Company Name:</b> ULVS (Healthy Buildings)		<b>Attention To:</b> CARESULTS@ULCOM			
<b>Street:</b> 3251 OLD LEE HIGHWAY #100		<b>Street:</b> 3251 OLD LEE HIGHWAY #100			
<b>City:</b> FAIRFAX	<b>State/Province:</b> VA	<b>City:</b> FAIRFAX	<b>State/Province:</b> VA	<b>Zip/Postal Code:</b> 22030	
<b>Phone :</b> 571.655.7919	<b>Fax :</b> 703.323.4440	<b>Phone:</b> 571.655.7919	<b>Fax:</b> 703.323.4440		
<b>Project Name:</b> 2009049NY		<b>Email Results To:</b> CARESULTS@ULCOM		<b>U.S. State where Samples Collected:</b> PA	
<b># Samples in Shipment:</b> 3	<b>Date of Shipment:</b> 05OCT2020	<b>Purchase Order:</b> #7862015983		<b>Sampled By (Signature):</b>	

<b>Turnaround Time (TAT) – Please Check: If No Selection Made, Standard 2 Week TAT Will Apply</b>					
<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
<b>Media Type:</b>					
<b>Manufacturer/Part #:</b>					
<b>Lot #:</b>					

Client Sample ID	Location/Description	Analyte / Method	Media	Flow (lpm)	Sample Time On	Sample Time Off	Volume / Area	Sample Type	Sample Date	Comments
2004049NY-04A	Burn_04_LR-Hall_Pre	6017 HCN	226-210	0.206	1705	1805	12.34 L	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	04OCT2020	840 420 0107
2004049NY-04B	Burn_04_Hall_Post	6017 HCN	226-210	0.214	1219	1319	12.82 L	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	05OCT2020	840 420 0104
2004049NY-04C	Field Blank		226-210	n/a			n/a	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	05OCT2020	840 420 0106
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
								<input type="checkbox"/> Area <input type="checkbox"/> Personal		
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								<input type="checkbox"/> Area <input type="checkbox"/> Personal		

RECEIVED  
EMSL  
CINNAMINSON, NJ  
20 OCT -6 AM 10:09

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.

<b>Released By</b>	<b>Date</b>	<b>Received By</b>	<b>Date</b>
S. HORNER	05OCT2020	Bob	10/6/2020
		1010 (CINNA)	10-7-20
		LC (fx)	10:40 AM
<b>Comments:</b>			

Please ship Next day Air to Huntington Beach, CA (LAB 33)