



EMSL ANALYTICAL, INC.
LABORATORY PRODUCTS TRAINING

Industrial Hygiene Chain of Custody

EMSL Order Number (Lab Use Only):

#332018052

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: CARESULTS@ULCOM | | |
| Street: 3251 OLD LEE HIGHWAY #100 | | Street: 3251 OLD LEE HIGHWAY #100 | | |
| City: FAIRFAX | State/Province: VA | City: FAIRFAX | State/Province: VA | Zip/Postal Code: 22030 |
| Phone: 571.655.7919 | | Phone: 571.655.7919 | | Fax: 703.323.4440 |
| Project Name: 2009049NY | | Email Results To: CARESULTS@ULCOM | | U.S. State where Samples Collected: PA |
| # Samples in Shipment: 3 | Date of Shipment: 05OCT2020 | Purchase Order: #7862015983 | | Sampled By (Signature): <i>[Signature]</i> |

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

| Client Sample ID | Location/Description | Analyte / Method | Media | Flow (lpm) | Sample Time On | Sample Time Off | Volume / Area | Sample Type | Sample Date | Comments |
|------------------|----------------------|------------------|---------|------------|----------------|-----------------|---------------|---|-------------|------------------|
| 2004049NY-03A | Burn_03_BR4_Pre | 6017 HCN | 226-210 | 0.198 | 0846 | 0953 | 13.29 L | <input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal | 04OCT2020 | s/n 840 420 0108 |
| 2004049NY-03B | Burn_03_BR4_Post | 6017 HCN | 226-210 | 0.203 | 1247 | 1347 | 12.16 L | <input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal | 04OCT2020 | s/n 840 420 0109 |
| 2004049NY-03C | Field Blank | | 226-210 | n/a | | | n/a | <input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal | 04OCT2020 | s/n 840 420 0111 |
| | | | | | | | | <input type="checkbox"/> Area <input type="checkbox"/> Personal | | |
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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.

| | | | |
|--------------------|-------------|--------------------|-------------|
| Released By | Date | Received By | Date |
| <i>[Signature]</i> | 05OCT2020 | <i>[Signature]</i> | 10/6/2020 |
| Comments: | | LC (tx) | |
| | | 10-7-20 | |
| | | 10:40 AM | |

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