



EMSL ANALYTICAL, INC.  
LABORATORY PRODUCTS TRAINING

# Industrial Hygiene Chain of Custody

EMSL Order Number (Lab Use Only):

# 332017766

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 02		Email Results To: CARESULTS@ULCOM		U.S. State where Samples Collected: PA	
# Samples in Shipment: 15	Date of Shipment: 30SEP2020	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)	Manufacturer/Part #:			Lot #:	

  

Client Sample ID	Location/Description	Analyte / Method	Media	Flow (lpm)	Sample Time		Volume / Area	Sample Type	Sample Date	Comments
					On	Off				
2009049NY-02A	Ex2_LR_Hall_Pre	5506 PAH	225-1713 & XAD2	2.057 L	0825	0925	123.40	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	30SEP2020	s/n 850 190 4444
2009049NY-02B	Ex2_LR_Hall_Post	5506 PAH	225-1713 & XAD2	2.009 L	1252	1352	120.57	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	30SEP2020	s/n 850 180 4443
2009049NY-02C	Field Blank	5506 PAH	225-1713 & XAD2				n/a	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	30SEP2020	s/n 850 190 4446
2009049NY-02A	Ex2_LR_Hall_Pre	6009 Hg	226-17-1A	0.240 L	0825	0925	14.38	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	30SEP2020	s/n 874 800 9492
2009049NY-02B	Ex2_LR_Hall_Post	6009 Hg	226-17-1A	0.239 L	1252	1352	14.32	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	30SEP2020	s/n 874 800 9488
2009049NY-02C	Field Blank	6009 Hg	226-17-1A				n/a	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	30SEP2020	s/n 874 800 9490
2009049NY-02A	Ex2_LR_Hall_Pre	6017 HCN	226-210	0.204 L	0825	0925	11.43	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	30SEP2020	s/n 840 420 0105
2009049NY-02B	Ex2_LR_Hall_Post	6017 HCN	226-210	0.204 L	1252	1352	11.28	<input checked="" type="checkbox"/> Area <input type="checkbox"/> Personal	30SEP2020	s/n 840 420 0112

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	30SEP2020	Received By	Chen DB	Date	10/1/20 9:50
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Comments: email for HCN transfer to HB 10/1/20  
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