

EMSL

Asbestos Chain of Custody (Air, Bulk, Soil)

EMSL Order Number / Lab Use Only

EMSL Analytical, Inc.
200 Route 130 North
Cinnaminson, NJ 08077EMSL ANALYTICAL, INC.
TESTING LABS • PRODUCTS • TRAINING

792306904

PHONE: (800) 220-3675
EMAIL: CareLab@EMSL.com

If Bill-To is the same as Report-To leave this section blank. Third-party billing requires written authorization.

Customer Information	Customer ID:	Billing ID:
	Company Name: MAXIMUS ENVIRONMENTAL, INC.	Company Name:
	Contact Name: KIKI	Billing Contact:
	Street Address: 1010 ROCKVILLE PIKE SUITE 200	Street Address:
	City, State, Zip: ROCKVILLE, MD 20851 Country:	City, State, Zip: Country:
	Phone: 240-372-9233	Phone:
Email(s) for Report: KIKI@MAXIMUS.COM	Email(s) for Invoice:	

Project Information		Purchase Order:
Project Name/No: DC COURTS RECORDER OF DEEDS		
EMSL LIMS Project ID: (if applicable, EMSL will provide)	US State where samples collected:	State of Connecticut (CT) must select project location: <input type="checkbox"/> Commercial (Taxable) <input type="checkbox"/> Residential (Non-Taxable)
Sampled By Name: Jerome Appeton	Sampled By Signature: Jerome Appeton	No. of Samples in Shipment
Turn-Around-Time (TAT) <input type="checkbox"/> 3 Hour <input type="checkbox"/> 4-6 Hour <input type="checkbox"/> 6 Hour <input checked="" type="checkbox"/> 24 Hour <input type="checkbox"/> 32 Hour <input type="checkbox"/> 48 Hour <input type="checkbox"/> 72 Hour <input type="checkbox"/> 96 Hour <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Week - TEM Air 3-6 Hour, please call ahead to schedule. 32 Hour TAT available for select tests only; samples must be submitted by 11:30 am.		

PCM Air <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> NIOSH 7400 w/ 8hr. TWA PLM - Bulk (reporting limit) <input type="checkbox"/> PLM EPA 600/R-93/116 (<1%) <input type="checkbox"/> PLM EPA NOB (<1%) <input type="checkbox"/> POINT COUNT <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1,000 (<0.1%) POINT COUNT w/ GRAVIMETRIC <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1,000 (<0.1%) <input type="checkbox"/> NIOSH 9002 (<1%) <input type="checkbox"/> NYS 198.1 (Friable - NY) <input type="checkbox"/> NYS 198.6 NOB (Non-Friable - NY) <input type="checkbox"/> NYS 198.8 (Vermiculite SM-V)	TEM - Air <input checked="" type="checkbox"/> AHERA 40 CFR, Part 763 <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> EPA Level II <input type="checkbox"/> ISO 10312* TEM - Bulk <input type="checkbox"/> TEM EPA NOB <input type="checkbox"/> NYS NOB 198.4 (Non-Friable-NY) <input type="checkbox"/> TEM EPA 600/R-93/116 w Milling Prep (0.1%) Other Test (please specify)	TEM - Settled Dust <input type="checkbox"/> Microvac - ASTM D5755 <input type="checkbox"/> Wipe - ASTM D6480 <input type="checkbox"/> Qualitative via Filtration Prep <input type="checkbox"/> Qualitative via Drop Mount Prep Soil - Rock - Vermiculite (reporting limit)* <input type="checkbox"/> PLM EPA 600/R-93/116 with milling prep (<0.25%) <input type="checkbox"/> PLM EPA 600/R-93/116 with milling prep (<0.1%) <input type="checkbox"/> TEM EPA 600/R-93/116 with milling prep (<0.1%) <input type="checkbox"/> TEM Qualitative via Filtration Prep <input type="checkbox"/> TEM Qualitative via Drop Mount Prep
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*Please call with your project-specific requirements.

<input type="checkbox"/> Positive Stop - Clearly Identified Homogeneous Areas (HA)	Filter Pore Size (Air Samples) <input type="checkbox"/> 0.8um <input type="checkbox"/> 0.45um		
Sample Number	Sample Location / Description	Volume, Area or Homogeneous Area	Date / Time Sampled (Air Monitoring Only)
8-4-23-INA-01	IN MIDDLE of RM. #300/WORK AREA #01	1235	8-4-23/12:30 PM
-	02 BETWEEN ROOMS #300 & 302/WORK AREA #01		
-	03 ↓ ↓ #301 & 303/ ↓ ↓ ↓		
-	04 IN HALLWAY, ROOM #305/ ↓ ↓ ↓		
-	05 ↓ SCUFF-BOARD ↓ ↓ 305/ ↓ ↓ ↓		
-	06 WEST-END of ROOM #319/WORK AREA #02		1:00 PM
-	07 EAST-END of ↓ ↓ ↓ ↓ ↓		
-	08 MIDDLE of ↓ ↓ ↓ ↓ ↓		

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

23 AUG 4 PM 4:27

Method of Shipment:	Sample Condition Upon Receipt:
Relinquished by: Jerome Appeton Date/Time: 8-4-23	Received by: Mon. Nylor Date/Time:
Relinquished by: Jerome Date/Time: 8-4-23	Received by: Mon. Nylor Date/Time:

Controlled Document - CQC-05 Asbestos R16 10/25/2021

AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.)

EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and acknowledgment of all terms and conditions by Customer.

792306904

FAX:

Sample #	Sample Description	Volume/Area (Air) HA # (Bulk)	Date/Time Sampled
8-4-23 IWA-09	NORTH-END of ROOM # 319 / MARK AREA # 02	1235	7:00pm
- 10	SOUTH-END ↓ ↓ ↓ ↓ ↓ ↓	↓	↓
- 11	SEALED BLANK	- 0 -	- 0 -
- 12	INSIDE ↓	---	---
↓ - 13	OUTSIDE ↓	---	---

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