



EMSL ANALYTICAL, INC.  
LABORATORY • PRODUCTS • TRAINING

# Chain of Custody

EMSL ANALYTICAL, INC.  
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PHONE: 1-800-220-3675

<b>EMSL Rep:</b>		<b>Third Party Billing requires written authorization from third party</b>	
<b>Company:</b>		<b>EMSL-Bill to:</b>	
<b>Street:</b>		<b>Street:</b>	
<b>Box #:</b>		<b>Box #:</b>	
<b>City/State:</b>	<b>Zip:</b>	<b>City/State:</b>	<b>Zip:</b>
<b>Contact Name:</b>		<b>Contact Name:</b>	
<b>Phone Results to:</b>		<b>Purchase Order #:</b>	
<b>Telephone #:</b>		<b>Fax Results to:</b>	
<b>Project Name/:</b>		<b>Fax #:</b>	
<b>Project Number:</b>		<b>Email Address:</b>	

### TURNAROUND TIME

<input type="checkbox"/> 3 Hours	<input type="checkbox"/> 6 Hours	<input type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours	<input type="checkbox"/> 72 Hours	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 6-10 Days
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### SAMPLE MATRIX

<input type="checkbox"/> Air	<input type="checkbox"/> Bulk	<input type="checkbox"/> Soil	<input type="checkbox"/> Wipe	<input type="checkbox"/> Micro-Vac	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Chips	<input type="checkbox"/> Other
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<p><b>ASBESTOS ANALYSIS</b></p> <p><b>PCM - Air</b></p> <p><input type="checkbox"/> NIOSH 7400 (A) Issue 2: August 1994</p> <p><input type="checkbox"/> OSHA w/TWA</p> <p><b>TEM AIR</b></p> <p><input type="checkbox"/> AHERA 40 CFR, Part 763 Subpart E</p> <p><input type="checkbox"/> NIOSH 7402 Issue 2</p> <p><input type="checkbox"/> EPA Level II</p> <p><b>PLM - Bulk</b></p> <p><input type="checkbox"/> EPA 600/R-93/116</p> <p><input type="checkbox"/> NY Stratified Point Count</p> <p><input type="checkbox"/> California Air Resource Board (CARB) 435</p> <p><input type="checkbox"/> NIOSH 9002</p> <p><input type="checkbox"/> PLM NOB (Gravimetric) NYS 198.1</p> <p><input type="checkbox"/> EPA Point Count (400 Points)</p> <p><input type="checkbox"/> EPA Point Count (1,000 Points)</p> <p><input type="checkbox"/> Standard Addition Point Count</p> <p><b>SOILS</b></p> <p><input type="checkbox"/> EPA Protocol Qualitative</p> <p><input type="checkbox"/> EPA Protocol Quantitative</p> <p><input type="checkbox"/> EMSL MSD 9000 Method fibers/gram</p> <p><input type="checkbox"/> Superfund EPA 540-R097-028 (dust generation)</p> <p><b>TEM BULK</b></p> <p><input type="checkbox"/> Drop Mount (Qualitative)</p> <p><input type="checkbox"/> Chatfield SOP-1988-02</p> <p><input type="checkbox"/> TEM NOB (Gravimetric) NY 198.4</p> <p><b>TEM MICROVAC</b></p> <p><input type="checkbox"/> ASTM D 5755-95 (Quantitative)</p> <p><b>TEM WIPE</b></p> <p><input type="checkbox"/> ASTM D-6480-99</p> <p><input type="checkbox"/> Qualitative <input type="checkbox"/></p> <p><b>TEM WATER</b></p> <p><input type="checkbox"/> EPA 100.1</p> <p><input type="checkbox"/> EPA 100.2</p> <p><input type="checkbox"/> NYS 198.2</p> <p>OTHER: _____</p>	<p><b>LEAD ANALYSIS</b></p> <p><b>Flame Atomic Absorption</b></p> <p><input type="checkbox"/> Wipe, SW846-7420 <input type="checkbox"/> ASTM <input type="checkbox"/> non ASTM</p> <p><input type="checkbox"/> Soil, SW846-7420</p> <p><input type="checkbox"/> Air, NIOSH 7082</p> <p><input type="checkbox"/> Chips, SW846-7420 or AOAC 5.009 (974.02)</p> <p><input type="checkbox"/> Wastewater, SW 846-7420</p> <p><input type="checkbox"/> TCLP LEAD SW846-1311/7420</p> <p><b>Graphite Furnace Atomic Absorption</b></p> <p><input type="checkbox"/> Air, NIOSH 7105</p> <p><input type="checkbox"/> Wastewater, SW846-7421</p> <p><input type="checkbox"/> Soil, SW846-7421</p> <p><input type="checkbox"/> Drinking Water, EPA 239.2</p> <p><b>ICP – Inductively Coupled Plasma</b></p> <p><input type="checkbox"/> Wipe, SW846-6010 <input type="checkbox"/> ASTM <input type="checkbox"/> non ASTM</p> <p><input type="checkbox"/> Soil, SW846-6010</p> <p><input type="checkbox"/> Air, NIOSH 7300</p>	<p><b>MICROBIAL ANALYSIS</b></p> <p><b>Air Samples</b></p> <p><input type="checkbox"/> Mold &amp; Fungi by Air O Cell</p> <p><input type="checkbox"/> Mold &amp; Fungi by Agar Plate count &amp; id</p> <p><input type="checkbox"/> Bacterial Count and Gram Stain</p> <p><input type="checkbox"/> Bacterial Count and Identification</p> <p><b>Water Samples</b></p> <p><input type="checkbox"/> Total Coliforms, Fecal Coliforms</p> <p><input type="checkbox"/> Escherichia Coli, Fecal Streptococcus</p> <p><input type="checkbox"/> Legionella</p> <p><input type="checkbox"/> Salmonella</p> <p><input type="checkbox"/> Giardia and Cryptosporidium</p> <p><b>Wipe and Bulk Samples</b></p> <p><input type="checkbox"/> Mold &amp; Fungi – Direct Examination</p> <p><input type="checkbox"/> Mold &amp; Fungi – (Culture follow up to direct examination if necessary)</p> <p><input type="checkbox"/> Mold &amp; Fungi – Culture (Count &amp; ID)</p> <p><input type="checkbox"/> Mold &amp; Fungi – Culture (Count only)</p> <p><input type="checkbox"/> Bacterial Count &amp; Gram Stain</p> <p><input type="checkbox"/> Bacterial Count &amp; Identification (3 most prominent types)</p> <p><input type="checkbox"/> Other: _____</p>
<p><b>MATERIALS ANALYSIS</b></p> <p><input type="checkbox"/> Full Particle Identification</p> <p><input type="checkbox"/> Optical Particle Identification</p> <p><input type="checkbox"/> Dust Mites and Insect Fragments</p> <p><input type="checkbox"/> Particle Size &amp; Distribution</p> <p><input type="checkbox"/> Product Comparison</p> <p><input type="checkbox"/> Paint Characterization</p> <p><input type="checkbox"/> Failure Analysis</p> <p><input type="checkbox"/> Corrosion Analysis</p> <p><input type="checkbox"/> Glove Box Containment Study</p> <p><input type="checkbox"/> Petrographic Examination of Concrete</p> <p><input type="checkbox"/> Portland Cement in Workplace Atmospheres (OSHA ID-143)</p> <p><input type="checkbox"/> Man Made Vitreous Fibers – MMVF's</p> <p><input type="checkbox"/> Synthetic Fiber Identification</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>IAQ ANALYSIS</b></p> <p><input type="checkbox"/> Nuisance Dust (NIOSH 0500 &amp; 0600)</p> <p><input type="checkbox"/> Airborne Dust (PM10, TSP)</p> <p><input type="checkbox"/> Silica Analysis by XRD <input type="checkbox"/> Niosh 7500</p> <p><input type="checkbox"/> HVAC Efficiency</p> <p><input type="checkbox"/> Carbon Black</p> <p><input type="checkbox"/> Airborne Oil Mist</p> <p><input type="checkbox"/> Other: _____</p>	

Client Sample # (S) \_\_\_\_\_ TOTAL SAMPLE # \_\_\_\_\_

Relinquished: _____	Date: _____	Time: _____	
Received: _____	Date: _____	Time: _____	
Relinquished: _____	Date: _____	Time: _____	
Received: _____	Date: _____	Time: _____	

