# Asbestos Bulk Building Material Chain of Custody

**EMSL Order Number** *(Lab Use Only)*:

EMSL ANALYTICAL, INC.
200 ROUTE 130 NORTH
CINNAMINSON, NJ 08077
PHONE: (800) 220-3675
FAX: (856) 786-5974

| | | | |
|---|---|---|---|
| **Company :** | | **EMSL-Bill to:** ☐ Same ☐ Different<br>If Bill to is Different note instructions in Comments**<br>*Third Party Billing requires written authorization from third party* | |
| **Street:** | | | |
| **City:** | **State/Province:** | **Zip/Postal Code:** | **Country:** |
| **Report To (Name):** | | **Telephone #:** | |
| **Email Address:** | | **Fax #:** | **Purchase Order:** |
| **Project Name/Number:** | | **Please Provide Results:** ☐ **Fax** ☐ **Email** | |
| **U.S. State Samples Taken:** | | **CT Samples:** ☐ **Commercial/Taxable** ☐ **Residential/Tax Exempt** | |

**Turnaround Time (TAT) Options* – Please Check**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ **3 Hour** | ☐ **6 Hour** | ☐ **24 Hour** | ☐ **48 Hour** | ☐ **72 Hour** | ☐ **96 Hour** | ☐ **1 Week** | ☐ **2 Week** |

**For TEM Air 3 hr through 6 hr, please call ahead to schedule.*There is a premium charge for 3 Hour TEM AHERA or EPA Level II TAT. You will be asked to sign an authorization form for this service. Analysis completed in accordance with EMSL's Terms and Conditions located in the Analytical Price Guide.*

| **PLM - Bulk (reporting limit)** | **TEM – Bulk** |
|---|---|
| ☐ PLM EPA 600/R-93/116 (<1%) | ☐ TEM EPA NOB – EPA 600/R-93/116 Section 2.5.5.1 |
| ☐ PLM EPA NOB (<1%) | ☐ NY ELAP Method 198.4 (TEM) |
| Point Count ☐ 400 (<0.25%) ☐ 1000 (<0.1%) | ☐ Chatfield Protocol (semi-quantitative) |
| Point Count w/Gravimetric ☐ 400 (<0.25%) ☐ 1000 (<0.1%) | ☐ TEM % by Mass – EPA 600/R-93/116 Section 2.5.5.2 |
| ☐ NIOSH 9002 (<1%) | ☐ TEM Qualitative via Filtration Prep Technique |
| ☐ NY ELAP Method 198.1 (friable in NY) | ☐ TEM Qualitative via Drop Mount Prep Technique |
| ☐ NY ELAP Method 198.6 NOB (non-friable-NY) | **Other** |
| ☐ OSHA ID-191 Modified | ☐ |
| ☐ Standard Addition Method | |

| | |
|---|---|
| ☐ **Check For Positive Stop – Clearly Identify Homogenous Group** | **Date Sampled:** |
| **Samplers Name:** | **Samplers Signature:** |

| Sample # | HA # | Sample Location | Material Description |
|---|---|---|---|
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| **Client Sample # (s):** | **-** | **Total # of Samples:** |
| **Relinquished (Client):** | **Date:** | **Time:** |
| **Received (Lab):** | **Date:** | **Time:** |
| **Comments/Special Instructions:** | | |

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*Additional Pages of the Chain of Custody are only necessary if needed for additional sample information*

| Sample # | HA # | Sample Location | Material Description |
|---|---|---|---|
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***Comments/Special Instructions:**

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