



EMSL ANALYTICAL, INC.  
LABORATORY • PRODUCTS • TRAINING

# Lead (Pb) Chain of Custody

EMSL Order ID (Lab Use Only):

PHONE: ( )  
FAX: ( )

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

**Turnaround Time (TAT) Options\* - Please Check**

<input type="checkbox"/> 3 Hour	<input type="checkbox"/> 6 Hour	<input type="checkbox"/> 24 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
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\*Analysis completed in accordance with EMSL's Terms and Conditions located in the Price Guide

Matrix	Method	Instrument	Reporting Limit	Check
<b>Chips</b> <input type="checkbox"/> % by wt. <input type="checkbox"/> mg/cm <sup>2</sup> <input type="checkbox"/> ppm (mg/kg)	SW846-7000B	Flame Atomic Absorption	0.01%	<input type="checkbox"/>
<b>Air</b>	NIOSH 7082	Flame Atomic Absorption	4 µg/filter	<input type="checkbox"/>
	NIOSH 7105	Graphite Furnace AA	0.03 µg/filter	<input type="checkbox"/>
	NIOSH 7300M/NIOSH 7303	ICP-OES	0.5 µg/filter	<input type="checkbox"/>
<b>Wipe*</b> <span style="float: right;">ASTM <input type="checkbox"/> non ASTM <input type="checkbox"/></span> <small>*if no box checked, non-ASTM Wipe assumed</small>	SW846-7000B	Flame Atomic Absorption	10 µg/wipe	<input type="checkbox"/>
	SW846-6010B or C	ICP-OES	1.0 µg/wipe	<input type="checkbox"/>
<b>TCLP</b>	SW846-1311/7000B/SM 3111B	Flame Atomic Absorption	0.4 mg/L (ppm)	<input type="checkbox"/>
	SW846-1311/SW846-6010B or C	ICP-OES	0.1 mg/L (ppm)	<input type="checkbox"/>
<b>SPLP</b>	SW846-1312/7000B/SM 3111B	Flame Atomic Absorption	0.4 mg/L (ppm)	<input type="checkbox"/>
	SW846-1312/SW846-6010B or C	ICP-OES	0.1 mg/L (ppm)	<input type="checkbox"/>
<b>TTLC</b>	22 CCR App. II, 7000B/7420	Flame Atomic Absorption	40 mg/kg (ppm)	<input type="checkbox"/>
	22 CCR App. II, SW846-6010B or C	ICP-OES	2 mg/kg (ppm)	<input type="checkbox"/>
<b>STLC</b>	22 CCR App. II, 7000B/7420	Flame Atomic Absorption	0.4 mg/L (ppm)	<input type="checkbox"/>
	22 CCR App. II, SW846-6010B or C	ICP-OES	0.1 mg/L (ppm)	<input type="checkbox"/>
<b>Soil</b>	SW846-7000B	Flame Atomic Absorption	40 mg/kg (ppm)	<input type="checkbox"/>
	SW846-6010B or C	ICP-OES	2 mg/kg (ppm)	<input type="checkbox"/>
<b>Wastewater</b> <span style="float: right;">Unpreserved <input type="checkbox"/> Preserved with HNO<sub>3</sub> pH &lt; 2 <input type="checkbox"/></span>	SM3111B/SW846-7000B	Flame Atomic Absorption	0.4 mg/L (ppm)	<input type="checkbox"/>
	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm)	<input type="checkbox"/>
	EPA 200.7	ICP-OES	0.020 mg/L (ppm)	<input type="checkbox"/>
<b>Drinking Water</b> <span style="float: right;">Unpreserved <input type="checkbox"/> Preserved with HNO<sub>3</sub> pH &lt; 2 <input type="checkbox"/></span>	EPA 200.8	ICP-MS	0.001 mg/L (ppm)	<input type="checkbox"/>
	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm)	<input type="checkbox"/>
	EPA 200.5	ICP-OES	0.003 mg/L (ppm)	<input type="checkbox"/>
<b>TSP/SPM Filter</b>	40 CFR Part 50	ICP-OES	12 µg/filter	<input type="checkbox"/>
	40 CFR Part 50	Graphite Furnace AA	3.6 µg/filter	<input type="checkbox"/>
<b>Other:</b>				<input type="checkbox"/>

<b>Name of Sampler:</b>		<b>Signature of Sampler:</b>	
<b>Sample #</b>	<b>Location</b>	<b>Volume/Area</b>	<b>Date/Time Sampled</b>

<b>Client Sample #s</b> -	<b>Total # of Samples:</b>
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<b>Relinquished (Client):</b>	<b>Date:</b>	<b>Time:</b>	
<b>Received (Lab):</b>	<b>Date:</b>	<b>Time:</b>	

**Comments:**



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**LEAD (Pb) CHAIN OF CUSTODY**  
**EMSL ORDER ID** *(Lab Use Only):*

PHONE: ( )  
 FAX: ( )

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

Sample #	Location	Volume/Area	Date/Time Sampled
<b>Comments/Special Instructions:</b>     			