



EMSL ANALYTICAL, INC.
LABORATORY • PRODUCTS • TRAINING

Radon Testing 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) 858-1580

Company :		EMSL-Bill to: <input type="checkbox"/> Same <input type="checkbox"/> Different <small>If Bill to is Different note instructions in Comments**</small>	
Street:		<i>Third Party Billing requires written authorization from third party</i>	
City:	State/Province:	Zip/Postal Code:	Country:
Report To (Name):		Fax #:	
Telephone #:		Email Address:	
Project Name/Number:			
Please Provide Results: <input type="checkbox"/> : U <input type="checkbox"/> : 9a U <input type="checkbox"/> : AU		Purchase Order:	U.S. State Samples Taken:

Project Property Information			
Project Name:			
Project Address:			
City:	State:	Zip Code:	
County:		Municipality:	
Technician Name:	Technician Cert #:	Technician Signature:	

New Jersey Testing Information	
NJDEP Laboratory Certification # 03036	NJDEP Radon Business Certification # MEB92525
1.) Is the radon test being conducted for the purpose of: <input type="checkbox"/> Real Estate Transaction <input type="checkbox"/> Homeowner Testing <input type="checkbox"/> Other	
2.) Test Conditions observed? <input type="checkbox"/> Closed House <input type="checkbox"/> Open House	
3.) What is the building type? <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Daycare <input type="checkbox"/> School	
4.) What is the building foundation type? <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Other	
5.) For School Testing, please enter: School Code _____ Room Name/Number _____	

Box Number	Device Number	Location	Exposure Period Beginning Date and Time	Exposure Period Ending Date and Time	Temperature °F	Humidity, %

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

Box Number	Device Number	Location	Exposure Period Beginning Date and Time	Exposure Period Ending Date and Time	Temperature	Humidity %

***Comments/Special Instructions:**