



Radon Testing Chain of Custody

EMSL Order Number / Lab Use Only

EMSL ANALYTICAL, INC.
TESTING LABS • PRODUCTS • TRAINING

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:		Company Name:	
	Contact Name:		Billing Contact:	
	Street Address:		Street Address:	
	City, State, Zip:	Country:	City, State, Zip:	Country:
	Phone:		Phone:	
	Email(s) for Report:		Email(s) for Invoice:	

Project Information			
Project Name/No:			Purchase Order:
EMSL LIMS Project ID: <small>(If applicable, EMSL will provide)</small>	US State where samples collected:	State of Connecticut (CT) must select project location: Commercial (Taxable) Residential (Non-Taxable)	
Technician Name:	Technician Cert#:	Technician Signature:	

Property Tested Information			
1) Radon Test being conducted for the purpose of:	Real Estate Transaction	Homeowner	Other
2) Test Conditions Observed:	Closed House	Open House	
3) Building Type:	Residential	Commercial	Daycare/School
4) Building Foundation:	Basement	Crawlspace	Slab on Grade Other
5) If School Testing, please enter School Code:			
6) Is this a Post Mitigation Test?	YES	NO	

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

*Comments/Special Instructions:

Client Sample #(s):	Total # of Samples:
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Method of Shipment:		Sample Condition Upon Receipt:	
Relinquished by:	Date/Time:	Received by:	Date/Time
Relinquished by:	Date/Time:	Received by:	Date/Time

Controlled Document - COC-56 Radon R2 04/15/2021

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



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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 °F	Humidity %

*Comments/Special Instructions:

Relinquished by:	Date/Time:	Received by:	Date/Time
Relinquished by:	Date/Time:	Received by:	Date/Time

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.