



107 Haddon Avenue  
**EMSL Analytical, Inc. -**  
 Westmont, NJ. 08108  
 (856) 858-4800

*Materials Science Division*

◆ **IAQ - Chain Of Custody** ◆

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Bill To: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Project Name: \_\_\_\_\_

<b>Test Type:</b>	<b>AIR Samples</b>	<b>DUST &amp; BULK Samples</b>
	<input type="checkbox"/> Mold by Air-O-Cell Cassette	<input type="checkbox"/> Mold
	<input type="checkbox"/> Mold by Agar Plate	<input type="checkbox"/> Dust Mites and Insect Fragments
	<input type="checkbox"/> Particle ID by P.C. Cassette	<input type="checkbox"/> Optical Particle ID
	<input type="checkbox"/> Full Particle ID (PC & AOC)	<input type="checkbox"/> Full Particle ID
	<input type="checkbox"/> Nuisance Dust (NIOSH 500 & 600)	<input type="checkbox"/> Silica
	<input type="checkbox"/> Respirable Silica (NIOSH 7500)	<input type="checkbox"/> Particle Size and Distribution
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<b>Turn Around Time:</b>
<input type="checkbox"/> 1 day <input type="checkbox"/> 2 day <input type="checkbox"/> 3 day <input type="checkbox"/> 4 day <input type="checkbox"/> 5 day <input type="checkbox"/> 1 week

Sample ID	Location	Volume	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Released By	Date	Received By	Comments