

## Chain of Custody

– Environmental Lead –

| <u>Contact Information</u>                    |  |
|---|--|
| Client Company: <u>Health Safety Services</u> | Project Number: <u>20-0304-11</u>            |
| Office Address: <u>PO Box 36</u>              | Project Name: <u>Belmont Academy Charter</u> |
| City, State, Zip: <u>Berlin, NJ 08009</u>     | Primary Contact: <u>Jim Proctor</u>          |
| Fax Number: _____                             | Office Phone: <u>856 452-1311</u>            |
| Email Address: <u>jim@hssenv.com</u>          | Cell Phone: <u>609 839-6243</u>              |

iATL is accredited by the National Lead Laboratory Accreditation Program (NLLAP) to perform analytical testing of environmental samples for lead (Pb). The accreditation is through AIHA-LAP, LLC and several other nationally recognized state programs.

**Matrix/Method:**

Paint by AAS: ASTM D3335-85a, 2009  
 Wipe/Dust by AAS: SW 846: 3050B: 700B, 2010  
 Air by AAS: NIOSH 7082, 1994  
 Soil by AAS: EPA SW 846 (Soil)  
 Water by AAS-GF: ASTM D3559-03D, US EPA 200.9  
 Other Metals (Cd, Zn, Cr) by AAS  
 Toxicity Characteristic Leaching Procedure (TCLP) by AAS: US EPA 1311  
 Other \_\_\_\_\_

**Special Instructions:**

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**Turnaround Time**

Preliminary Results Requested Date: 5 days  Verbal  Email  Fax

Specific date / time

10 Day  
  5 Day  
  3 Day  
  2 Day  
  1 Day\*  
  12 Hour\*\*  
  6 Hour\*\*  
  RUSH\*\*

\* End of next business day unless otherwise specified. \*\* Matrix Dependent. \*\*\*Please notify the lab before shipping\*\*\*

**Chain of Custody**

|  |                     |             |          |
|--|---------------------|-------------|----------|
| Relinquished (Name/Organization): <u>Alonzo Hoss</u> | Date: <u>3/5/20</u> | Time: _____ | RECEIVED |
| Received (Name / iATL): _____                        | Date: <u>3/3/20</u> | Time: _____ |          |
| Sample Login (Name / iATL): _____                    | Date: _____         | Time: _____ |          |
| Analysis (Name(s) / iATL): _____                     | Date: _____         | Time: _____ |          |
| QA/QC Review (Name / iATL): _____                    | Date: _____         | Time: _____ |          |
| Archived / Released: _____ QA/QC InterLAB Use: _____ | Date: _____         | Time: _____ |          |

