



Radon Testing Chain of Custody
EMSL Order Number (Lab Use Only):

381701981

EMSL ANALYTICAL, INC.
 200 ROUTE 130 NORTH
 CINNAMINSON, NJ 08077
 PHONE: (800) 220-3675
 FAX: (856) 858-1580

Company: Prince George's County Public Schools		EMSL-Bill to: <input checked="" type="checkbox"/> Same <input type="checkbox"/> Different If Bill to is Different note instructions in Comments**				
Street: 13306 Old Marlboro Pike		Third Party Billing requires written authorization from third party				
City: Upper Marlboro	State/Province: MD	Zip/Postal Code: 20772	Country: USA			
Report To (Name): Alex Baylor		Fax #:				
Telephone #: 3019526760		Email Address: alex.baylor@pgcps.org				
Project Name/Number: Walker Mill middle						
Please Provide Results: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail		Purchase Order:	U.S. State Samples Taken:			
Project Property Information						
Project Name:						
Project Address:						
City:	State:	Zip Code:	20743 DC# 31117			
County:	Municipality:	Technician Signature: <i>Rodney Curtis</i>				
Technician Name: Rodney Curtis	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 checked="" 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 checked="" 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, %
	275663	Room 119	2-17-17 - 4:55 pm	2-21-17 - 7:25 am	74°	30
DUP	275641	" " 119	4:55 pm	7:25 am	74°	30
	275514	Room 116	5:05 pm	7:27 am		
	275516	Room 114	5:10 pm	7:30 am		
DUP	275713	" " 114	5:10 pm	7:30 am		DC# 31117
	275562	Room 111A	5:15 pm	7:33 am	72°	30
	275615	Room 109	5:20 pm	7:36 am		
275568 RH 2.23.17	275568	Room 114A	5:22 pm	7:40 am		
	275647	Room 107	5:25 pm	7:42 am		DC# 31117
Client Sample # (s):		Total # of Samples:				
Relinquished (Client): <i>Rodney Curtis</i>		Date: 2-17-17	Time:			
Received (Lab): <i>[Signature]</i>		Date: <i>[Signature]</i>	Time: <i>[Signature]</i>			
Comments/Special Instructions:						

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EMSL Analytical, Inc. Relinquish Form

Initial Lab:	EMSL- BELTSVILLE	Phone Number:	301-937-5700
		Fax Number:	301-937-5701
Relinquished to:	EMSL- CINNAMINSON	Phone Number:	
		Fax Number:	
Does new Lab hold equivalent or additional accreditation*		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

EMSL Customer ID #:	PGCS62		
Client Name:	ALEX BAYLOR		
Client Project:	WALKER MILL MIDDLE		
Date Received:	2/22/17 @ 11:00 AM		
Date Relinquished:	2/22/17		
Date Due:	STANDARD		
Special Instructions:	~14 RADON SAMPLES		
Relinquished by (Signature):	Date:	Received by (Signature)	Date:
	2/22/17	<i>Racquel Hoff</i>	2.23.17
Relinquished by (Signature):	Date:	Received by (Signature)	Date:

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Client Notification- Please sign this form and fax to the original laboratory. By signing below you agree to allow the above named laboratory to relinquish the samples to a new laboratory with equivalent or additional certification.

Name (please Print)	Signature	Agent of:	Date:

If this is a reoccurring project or sample type that will require samples to be relinquished on a regular basis please sign below and the laboratory will keep this form on file.

Name (please Print)	Signature	Agent of:	Date:

- All accreditation information and certificates can be found at www.emsl.com.

