Environmental Lead Analysis Request and Chain of Custody Record

Facility Name: ____________________________  Owner Name: ____________________________

Testing Site Address: ____________________________  Owner Address: ____________________________
(Street)  (Street)
(City)  (City)
(State)  (State)  (Zip Code)  (Zip Code)

County: ____________________________
Report to: ____________________________  EIN#: ____________________________
Address: ____________________________  Phone #: ____________________________
(Street)  Health Dept  Agency/Org: ____________________________
(City)  (Street)  (City)  (State)  (City)  (State)  (Zip Code)  (Zip Code)

Sample Type
DW = Dust wipe  S = Soil/Ashes  O = Other
PC = Paint chip  T = Toy  F = Food/spice

Surface Type
FL = Floor  WT = Window trough  MB = Miniblind  O = Other
CP = Carpet  SL = Window sill  TB = Tub/sink

For Dust Wipes Only

<table>
<thead>
<tr>
<th>Laboratory Number</th>
<th>Field Sample #</th>
<th>Sample Type</th>
<th>Sample Description</th>
<th>Surface Type</th>
<th>Length x Width (in inches)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DW</td>
<td></td>
<td>FL</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S</td>
<td></td>
<td>WT</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T</td>
<td></td>
<td>MB</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td>O</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PC</td>
<td></td>
<td>CP</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SL</td>
<td></td>
<td>SL</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TB</td>
<td></td>
<td>TB</td>
<td>x</td>
</tr>
</tbody>
</table>

Collection Date: __________ Collection Time: __________ AM/PM __________
Collected By: __________ Remarks: __________
For Lab Use Only
Date and Time of Sample Receipt: __________

Chain of Possession:

1. ____________________________ (Signature)  (Title)  (Inclusive Dates)
2. ____________________________ (Signature)  (Title)  (Inclusive Dates)
3. ____________________________ (Signature)  (Title)  (Inclusive Dates)

Results Reported By: ____________________________ (Signature)  (Title)  (Inclusive Dates)

DHHS Form 2364
Laboratory (Rev. 12/20)