ASBESTOS LABORATORY WORK ORDER/CHAIN OF CUSTODY

DATE: 12/6/2019

In accordance with the Subcontractor Analytical Services Agreement between EMSL Analytical (Subcontractor), and T&M Associates, this Work Order describes the Scope of Services, Time Schedule, Charges and Payment Conditions for the Project described below.

CLIENT: Bayonne Board of Education
PROJECT NAME: Nicholas Oresko Community School
PROJECT #: BBOE-00187
WORK ORDER #: __________

HEREIN FIND THE FOLLOWING SAMPLES:

☐ Bulk Samples
☐ Air Sample Cassettes ☒ PCM ☐ TEM
☐ Paint Chip Samples
☐ Other

SAMPLE NOS.
BBOE-00187-120619-01 THROUGH 05

TURNAROUND TIME:
☐ Rush ☐ 6 Hours ☐ 12 Hours ☒ 24 Hours ☐ 48 Hours ☐ Other __________

TO BE ANALYZED FOR ASBESTOS CONTENT BY THE FOLLOWING METHOD:

☐ Polarized Light Microscopy with Dispersion Staining ☐ Phase Contrast Microscopy
☐ ELAP Protocol, TEM ☐ Yes ☐ No ☐ Transmission Electron Microscopy
☐ Lead content analysis (percentage) ☐ Screening Analysis (Fiber Count)
☐ NYS Stratified Point Count ☐ Quantitative (Local Area Diffraction)
☐ PLM N.O.B. Analysis (EPA)-N.J. Samples ☐ AHERA Protocol
☐ Other ☐ Stop at First Positive of any Homo ID#. TEM one Homo ID# of any <1.0% or ND NOB. ‘No TEM of ceiling tiles (NJ Samples)

REPORTING:
Report initial results to: KBurns@tandmassociates.com

Send final report to: Mark Worthington

TAKE THE FOLLOWING ACTION WITH SAMPLES:
☐ Return to T&M – Use Transmittal ☐ Retain indefinitely ☐ Dispose of.
☐ Retain indefinitely

CHAIN OF CUSTODY: If enclosures are not as noted, please inform us immediately.
T&M Packaged by: KB Date: 12/6/2019
Transmitted by: Hand Carry Date: 12/6/2019
Method of Transmittal: Hand Carry Date: 12/6/2019

LABORATORY:
Received by Lab: ☐ Sealed Package ☐ Damaged and inventoried
Received by: ____________________________ Date: ____________________________
Handled by: ____________________________ Date: ____________________________
Sample Preparation: ____________________________ Date: ____________________________
Sample Analysis: ____________________________ Date: ____________________________
Packaged by: ____________________________ Date: ____________________________

RECEIVED DEC 06 2019 7:06PM

BY EMSL PISCATAWAY

Eleven Tindall Road, Middletown, New Jersey 07748
(732) 671-6400 | fax (732) 671-7385 | www.tandmassociates.com

Page 1 Of 2
<table>
<thead>
<tr>
<th>SAMPLE ID</th>
<th>FLOW RATE (lpm)</th>
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**RECEIVED**

BASE LAB  FIELD LAB

SUB LAB NAME: EML

ANALYST NAME: 
ANALYST SIGNATURE: 
ALYST COMMENTS: 

RELIQUISHED BY: 
DATE/TIME: 
RECEIVED BY: 
DATE/TIME: 

EMSL PISCATAWAY

DATE OF ANALYSIS: DEC 06 2013