



052000006

ASBESTOS LABORATORY WORK ORDER/CHAIN OF CUSTODY

DATE: 1/2/20

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: BAYOWNE BOE
PROJECT NAME: NICHOLS OLDSICO SCHOOL

PROJECT #: BB0E-00187
WORK ORDER #

HEREIN FIND THE FOLLOWING SAMPLES:

- Bulk Samples
Air Sample Cassettes
Paint Chip Samples
Other
PCM
TEM

SAMPLE NOS.

BB0E-00187-010220-01 -> 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
ELAP Protocol, TEM
Lead content analysis (percentage)
NYS Stratified Point Count
PLM N.O.B. Analysis (EPA)-N.J. Samples
Other
Phase Contrast Microscopy
Transmission Electron Microscopy
Screening Analysis (Fiber Count)
Quantitative (Local Area Diffraction)
AHERA Protocol
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
Retain until notified otherwise
Dispose of.

CHAIN OF CUSTODY: If enclosures are not as noted, please inform us immediately.

T&M Packaged by: [Signature]
Transmitted by: [Signature]
Method of Transmittal:

Date: 1/2/20
Date:
Date:

LABORATORY:

Received by Lab: Sealed Package Damaged and Inventoried

Handled by:
Sample Preparation:
Sample Analysis:
Packaged by:

Date:
Date: JAN 01 2020
Date: BY WJH 1:05 PM
Date: EMSL PISCATAWAY

RECEIVED

052000006

ASSOCIATES - ASBESTOS AIR SAMPLE DATA SHEET

CLIENT: RAYONNE BOE DATE: 1/2/20
 PROJECT: ELSKO SCHOOL - AMBIENT AIR SAMPLING SAMPLED BY: (Signature)
 SAMPLE GROUP #: BOE - 00187 ROTOMETER #: A-1

SAMPLE ID JMP ID	FLOW RATE (lpm)		TIME PERIOD		DESCRIPTION	VOLUME(l)
	ON	OFF	ON	OFF		RESULTS (l/cc)
010220	9.9	9.9	10 ²⁰ _{am}	12 ²² _{pm}	<input type="checkbox"/> PRE-TEST <input type="checkbox"/> PROGRESS <input type="checkbox"/> AGGRESSIVE CLEARANCE <input checked="" type="checkbox"/> OTHER <u>EXTERIOR NEAR</u> <u>AMBIENT</u>	1208
01	AVG FLOW: 9.9		TIME (MIN): 122		<u>SCHOOL ENTRANCE SIGN</u>	
010220	9.9	9.9	10 ²² _{am}	12 ²⁴ _{pm}	<input type="checkbox"/> PRE-TEST <input type="checkbox"/> PROGRESS <input type="checkbox"/> AGGRESSIVE CLEARANCE <input checked="" type="checkbox"/> OTHER <u>EXTERIOR ALLEY</u> <u>AMBIENT</u>	1208
02	AVG FLOW: 9.9		TIME (MIN): 122		<u>NEAR CULCH SITE</u>	
010220	9.9	9.9	10 ²³ _{am}	12 ²⁶ _{pm}	<input type="checkbox"/> PRE-TEST <input type="checkbox"/> PROGRESS <input type="checkbox"/> AGGRESSIVE CLEARANCE <input checked="" type="checkbox"/> OTHER <u>MAIN ROOF; EXTERIOR</u> <u>AMBIENT</u>	1218
03	AVG FLOW: 9.9		TIME (MIN): 123		<u>@ HVAC UNIT NEAR CULCH SITE</u>	
010220					<input type="checkbox"/> PRE-TEST <input type="checkbox"/> PROGRESS <input type="checkbox"/> AGGRESSIVE CLEARANCE <input checked="" type="checkbox"/> OTHER <u>FIELD BLANK</u>	
04	AVG FLOW		TIME (MIN)			
010220					<input type="checkbox"/> PRE-TEST <input type="checkbox"/> PROGRESS <input type="checkbox"/> AGGRESSIVE CLEARANCE <input checked="" type="checkbox"/> OTHER <u>FIELD BLANK</u>	
05	AVG FLOW		TIME (MIN)			
					<input type="checkbox"/> PRE-TEST <input type="checkbox"/> PROGRESS <input type="checkbox"/> AGGRESSIVE CLEARANCE <input type="checkbox"/> OTHER	
	AVG FLOW		TIME (MIN)			
					<input type="checkbox"/> PRE-TEST <input type="checkbox"/> PROGRESS <input type="checkbox"/> AGGRESSIVE CLEARANCE <input type="checkbox"/> OTHER	
	AVG FLOW		TIME (MIN)			
					<input type="checkbox"/> PRE-TEST <input type="checkbox"/> PROGRESS <input type="checkbox"/> AGGRESSIVE CLEARANCE <input type="checkbox"/> OTHER	
	AVG FLOW		TIME (MIN)			
					<input type="checkbox"/> PRE-TEST <input type="checkbox"/> PROGRESS <input type="checkbox"/> AGGRESSIVE CLEARANCE <input type="checkbox"/> OTHER	
	AVG FLOW		TIME (MIN)			

RECEIVED
 JAN 01 2020
 BY EMSL PISCATAWAY

BASE LAB FIELD LAB SUB LAB (NAME) EMSL

ANALYST NAME: _____ DATE OF ANALYSIS: _____
 ANALYST SIGNATURE: _____
 ANALYST COMMENTS: _____

RELINQUISHED BY: (Signature) DATE/TIME: 1/2/20 RECEIVED BY: _____ DATE/TIME: _____
 RELINQUISHED BY: _____ DATE/TIME: _____ RECEIVED BY: _____ DATE/TIME: _____