

3 pb WIPEZ

EHS 2007-11-1767 J.L. HAZARDS SERVICES, L.L.C.
 7469 Whitepine Road, Port Huron, Michigan 48132 Phone (804) 275-4788 Fax (804) 275-4907

CHAIN OF CUSTODY FORM

Company Name: S.Clair County Health Department Date: 11-15-07
 Address: 3415 28th Street Contact Name: KevinMcNeill
 City, State, Zip: Port Huron, MI 48060 Sampler Name: KevinMcNeill
 EHS Client Account #: 23-62450 Project #: 0001
 Phone #: (810) 987-5306 Fax #: (810) 985-2150 Please e-mail results to:
 P.O. #: _____ kjmcneill@msn.com

Sample Number	Sample Date & Time	Asbestos					Lead					Other Metals (Specify metals below)				Indoor Air Quality					Particulate: Total Nuisance (NIOSH 0500) <input type="checkbox"/>		Comments		
		Bulk ID by PLM	(PCM) Fiber Count	PLM Point Count	PLM Gravimetric	TEM AHERA (Air)	TEM Chatfield (Bulk)	Air	Paint (%)	Paint (PPM)	Paint (mg/cm ²)	Soil	Wine * (See Note)	TCLP (Pb)	Waste Water	TCLP RCRA 8	Welding Fume	Toxic Metal Profile							Air Volume (L) OR Wipe Area (ft ²) OR Scrape Area (cm ²)
1. 01	11-15-07 11:50am										✓													12x12	Blanket center
2. 02	↓										✓													- - -	Sample Blank
3. 03	↓										✓													1/2 x 24	Blanket 50cm
20																									
11/19																									

Sample Condition
 Acceptable
 Unacceptable

* Do wipe samples submitted meet ASTM E1792 requirements? Yes No

Released by: Kevin McNeill Signature: [Signature] Date/Time: 11-15-07 / 2:00pm
 Received by: _____ Signature: _____ Date/Time: _____
 Released by: K Tyler Signature: [Signature] Date/Time: 11/19/07 @ 11:00
 Received by: _____ Signature: _____ Date/Time: _____