

192404615

YNN & Associates, Inc.

CHAIN OF CUSTODY

ASBESTOS

EMSL Representative:	Sheryl Stelnmetz	EMSL-Bill to:	SAME
Your Company Name:	YNN & Associates, Inc.	Street:	
Street:	4808 Continental Dr.	Box #:	
Box #:		City/State:	Zip:
City/State:	Olney, MD	City/State:	Zip:
Verbal Results to:	John Ndanga	Fax Results to:	John Ndanga
Telephone #:	301-260-0687	Fax #:	301-260-0688
Project Name/Number:	Poolersville High School	Purchase Order #:	

MATRIX		TURNAROUND TIME					
<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Floor Tile	<input type="checkbox"/> Soil	<input type="checkbox"/> Wipe	<input checked="" type="checkbox"/> 6 Hours	<input type="checkbox"/> 12 Hours	<input type="checkbox"/> 24 Hours	<input type="checkbox"/> 48 Hours
<input type="checkbox"/> Bulk	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Dust	<input type="checkbox"/> Wastewater	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 6-10 Days	<input type="checkbox"/> Contact Lab
PCM <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> OSHA <input type="checkbox"/> Other:		PLM <input type="checkbox"/> EPA 600 <input type="checkbox"/> NOB <input type="checkbox"/> Point Count <input type="checkbox"/> Other:		TEM BULK <input type="checkbox"/> Drop Mount (Qualitative) <input type="checkbox"/> Chatfield <input type="checkbox"/> Chatfield / SEM QC <input type="checkbox"/> Conventional (Quantitative) <input type="checkbox"/> EMSL Method <input type="checkbox"/> NOB <input type="checkbox"/> NOB / SEM QC <input type="checkbox"/> Micro Vac - Quantitative <input type="checkbox"/> Micro Vac - Qualitative		TEM WATER <input type="checkbox"/> Wastewater <input type="checkbox"/> Drinking Water EPA 100.1 <input type="checkbox"/> Water - NY Wastewater <input type="checkbox"/> Water-NY Drinking Water	
TEM AIR <input checked="" type="checkbox"/> AHERA <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> Level I <input type="checkbox"/> Level II		SEM <input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative				TEM WIPE <input type="checkbox"/> Quantitative <input type="checkbox"/> Qualitative	
XRD <input type="checkbox"/> Asbestos <input type="checkbox"/> Silica		<input type="checkbox"/> OTHER <input type="checkbox"/> COMMENTS					

Client Sample # (s)	051724-T1	051724-T4	Total Samples:	4	
Relinquished:	<i>[Signature]</i>	Date:	5/18/24	Time:	7:30 AM
Received:		Date:		Time:	
Received:	<i>[Signature]</i>	Date:	5/18/24	Time:	10 am

SAMPLE DATE	SAMPLE NUMBER	LOCATION	VOLUME (if applicable)
5/17/24	051724-T1	Hallway by 1001C	1200
	051724-T2	Hallway by 1440	1200
	051724-T3	Aux Gym - Storage	1200
	051724-T4	Hallway by 1414	1200