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ABSOLUTELABS

LEAD DUST TEST

$35 per sample - Includes elemental analysis, quantification and interpretative report
RESULTS IN TWO BUSINESS DAYS after receipt of samples (call for rush testing)

DIRECTIONS

Tools: sealable bag, ruler, marker, dust mask, and removable tape.
1. Sample surfaces where lead dust may accumulate including window sills, window wells, horizontal floors, etc.
2. Using tape and a ruler, mark off and measure the area to be sampled (e.g. 4" x 12").
3. Note the length and width measurements of the corresponding sample below.
4. Remove a wipe and wipe the marked off area. Be certain to collect all the visible dust inside the marked off area.
5. Finish the area by wiping in one direction with an unused part of the same wipe.
6. Deposit the wipe into a sealable bag.
7. Label the outside of the sealable bag with a marker (e.g. #1 - NE 2nd floor bedroom W window sill).
8. Fill out the information below.
9. Fill out the remainder of the form* and mail.   *A signature is required for analysis

Note: Avoid breathing and exposing yourself to more dust than necessary during the collection. Do not remain in the area longer than necessary. The use of a NIOSH approved particle respirator and filter (e.g., N95, P100) is recommended. You should clean all tools used as well as the sampling area after each sample collection.

TEST SITE AND REPORTING INFORMATION

Sample #1 description:_____ Sample area (LxW):_____ x _____ in

Sample #2 description:_____ Sample area:_____

Sample #3 description:_____ Sample area:_____

Site address or project no.:_____

Sampler's name:_____ Date taken:_____

Phone no.:_____ Special notes:_____

_____

Email(s) for results:_____

Relinquished by (signature*):_____ Date:_____ Time:_____

PAYMENT OPTIONS

1. ☐ My check is enclosed (payable to Absolute Labs, Inc.)
2. ☐ Charge my: ☐MC ☐VISA ☐AMEX ☐DISC ☐ACCOUNT   ☐KEEP MY INFORMATION ON FILE

Name:_____

Credit card #:_____ Exp. date:_____

Billing address:_____

City, State, Zip:_____

3. ☐ Pay online: http://www.testittoday.com/product/lead/   - Order no.:_____
4. ☐ Cash – in person only

LAB USE ONLY

Date received: _____   Lab technician: _____

Time received: _____   Date analyzed: _____

Received by: _____