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## LEAD DUST TEST

**\$50 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 2<sup>nd</sup> 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: \_\_\_\_\_