ENVIRONMENTAL LEAD TEST REQUEST FORM

LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH LABORATORY
2525 Grand Avenue, Room 260
Long Beach, California 90815
Tel: (562)570-4080 Fax: (562)570-4070

MIRIAM LACHICA, M.A.
Laboratory Services Officer
Laboratory Director

AIHA-LAP, LLC
Accreditation No. 102620
California ELAP No. 2368

Sample Type: ☐ Dust Wipe ☐ Paint Chips ☐ Soil ☐ Water
☐ CPSC (sample type) _____
☐ Surface Lead
☐ Total Lead
☐ Misc _____

Date/Time Received:
Received by:
_____
Print
_____
Sign

Submitter Name: ☐ EH-HUD ☐ Other _____ **Project No.** (if Applicable) _____

Client Name:			**Street Address:**	
City:	**State:**	**Zip:**	**Phone:**	**Email:**

Location of Collection: Street: _____ City: _____ State: _____ Zip: _____
Owner:_____ Coll By:_____ Date Coll: _____ Time Coll: _____

	Lab No.	Sample ID or No.	Dimensions	Specimen Comment
1				
2	THIS			
3				
4	COLUMN			
5				
6	IS FOR			
7				
8	LABORATORY			
9				
10	USE			
11				
12	ONLY			
13				
14				
15				

Reporting Limits
Air Filter: 6 ug/filter *CPSC:* 18 ppm
Paint: 60 ppm *Soil:* 20 ppm
Water: 5 ppb *Wipes:* 5 ug/wipe

Methods
Sample Prep: NIOSH 9100 – Modified
EPA 3050A/3051 – Modified
CPSC-CH-E1002-08.1/E1003-09.1 - Modified
Analysis: 7000B - Modified
SM 3113B

Tested and Reported By: _____
Analyst Date

Reviewed By: _____
Tech/QA Manager Date

Relinquished By: ☐ **In Person** ☐ **By Mail**

(Please Print) _____ Signature _____ Date _____ Time _____

Rev: 1/2019

White *– Laboratory* ***Yellow*** *– Submitter*