



**EHS**  
**Laboratories™**

ENVIRONMENTAL HAZARDS SERVICES, LLC

[www.leadlab.com](http://www.leadlab.com)

(804) 275-4907 (fax)

7469 Whitepine Road  
Richmond, Virginia 23237

# RadonSmart® Chain-of-Custody

~For Lab Use Only~

**Please send this kit to:  
11 Awl Street  
Medway, MA 02053**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_ Acct. Number: \_\_\_\_\_

Testing Address: \_\_\_\_\_ City/State (Required) \_\_\_\_\_

Collected by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Certification Number: \_\_\_\_\_ Relinquished by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Purchase Order #: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**\*\*\*Failure to completely fill out the following chart with collection information for each sample may cause a 5 day delay in receiving your laboratory results.\*\*\***

Sample No.	Radon-in-Air Start Date	Radon-in-Air Start Time	Radon-in-Air End Date	Radon-in-Air End Time	Radon-in-Water Collection Date/Time	Collection Location (Basement, Family Room, Kitchen Sink, Bathroom Tub, etc.)														
1																				
2																				

Place the Barcode(s) in the spaces provided:

### Comments/Measurement Conditions:

By signing below, I acknowledge that I collected these samples in accordance with the *RadonSmart*® instructions.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_\_\_

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