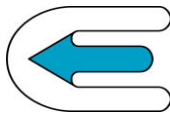


|                      |      |             |  |                |               |
|----------------------|------|-------------|--|----------------|---------------|
| Inspection Co:       |      | Owner Info. |  | Test Site Info |               |
| Phone:               |      | Name:       |  | Name:          |               |
| Fax:                 |      | Address:    |  | Address:       |               |
| Deploy Inspector:    | MET# | City:       |  | City:          |               |
| Retrieval Inspector: | MET# | State:      |  | State:         | County:       |
| Mail Results To:     |      | Zip Code:   |  | Zip Code:      | Municipality: |

| S/D/B | Test# | Location | Floor | Start Time | Stop Time | Pre Weight | Post Weight | pCi/L | Comments | CH  |
|-------|-------|----------|-------|------------|-----------|------------|-------------|-------|----------|-----|
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |
|       |       |          |       |            |           |            |             |       |          | Y N |



**Certified Environmental**  
**P.O. Box 727**  
**Farmingdale, NJ 07727**  
**Phone: 732-534-4892**  
**Fax: 732-534-4893**

Laboratory #13035  
 NJDEP MEB #94012  
 NRPP Charcoal Canister AC-8303

|  |  |
|--|--|
| <b>BUILDING TYPE:</b><br>(Circle One)<br>R=residential | R-Single Family / R-Condo / R-Townhouse / R-Apartment / R-Other<br>Non-R / Non-R/Child Care Center / School (Must include School code)<br>NJDOE School Code: _____ |
| <b>TEST PURPOSE:</b><br>(Circle One)                   | Real Estate / Screening / Post Mitigation  |
| <b>FOUNDATION TYPE:</b><br>(Circle all that Apply)     | Basement / Crawlspace / Slab on Grade / Combination  |