ISDH STUDY:	
וטטונחטנו.	

INDIANA STATE DEPARTMENT OF HEALTH ENVIRONMENTAL LEAD LABORATORY – PAINT CHIP SUBMISSION

Your Contact Information Sampling Information								
Organization: *				Date Sample	d: *			
Address (1):				Property Add	ress (1):*			
Address (2):			Property Add	ress (2):			
City, Zip C	Code:			City, Zip Code	j:			
Phone:				Collected By:	*			
Email for	Results:*			Assessor Lice				
Email for Results:				*Required Fig				
			<u> </u>					
YOUR SAMPLE SAMPLE DESCRIPTION AREA OR SAMPLE ID		A OR LO	CATION	PAINT CH % LEAD (BY WEIGH	LIMI		Lab Sub Number	
The Consumer	Product Safety Con	nmission has banned residential paint and ot	ther simil	ar surface coating I	materials contair	ning more than 0.0	09% lead.	
		PAINT CHIP T <0.5 % (with paint chip sample of all laye		SULTS LIMITS 000 μg/g = 5000 μ	ppm [EPA Guid	ance 403]		
The Indiana Use of this form	State Departm	act: The Indiana Childhood Lead Poilent of Health Laboratory @ 317-921 tract between the submitter and the ISDH Laboratory.	1-5500					
Please mail	samples with th	550 \	W 16 th		,			
Custady Si	gnature: Relia	nauished Rv:			Date/Tir	ne·		
Custody Signature: Received By:								