DOH SDG:	

INDIANA DEPARTMENT OF HEALTH

ENVIRONMENTAL LEAD LABORATORY – PAINT CHIP SUBMISSION

Collector's Contact Information			Sampling Information			
Organization: *			Date Sampled: *			
Address (1):			Property Address (1):*			
Address (2):			Property Address (2):			
City, Zip Code:			City, Zip Code:			
Phone:			Collected By:*			
Email for Results:*			Assessor License #:			
Email for Results:			Low Priority?	Yes O	No O	
Required Fields						
YOUR SAMPLE ID	SAMPLE MATERIAL	SAMPLE DESCRIPTION LOCATION			Lab Assigned Number	
	Paint					
The Consumer Product S	Safety Commission h	nas banned residential paint and other simil	lar surface coating materials conta	ining more tha	n 0.009% lead.	
	< 0.5 % (wi	PAINT CHIP TEST R ith paint chip sample of all layers) or < !		A Guidance 40	3]	
Laboratory @ 317-9	921-5500 ites a contract betwe	Indiana Lead and Healthy Homes I een the submitter and the IDOH Laboratorie naround time is 10 business days, low	es. The Laboratory will test sample	es according to	its EPA National Lead Laboratory	
Please mail sample	s with this form	550 W 16 th	Street			
		Indianapolis,	11 1 4 02U2			
Custody Signature: Relinquished By:Date/Time:						

Custody Signature: Received By:

