

SEND REPORT TO:

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No.

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: _____

County: _____

Sample Source: _____

Location: _____

(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____
Bottle B _____

Radon-222 Field Blank Bottle A _____
Bottle B _____

County

Plant No.

CHECK (one per Box)

Type
Drinking Water <input type="checkbox"/>
Landfill <input type="checkbox"/>
Stream <input type="checkbox"/>
Other _____ <input type="checkbox"/>

Service
Community <input type="checkbox"/>
Non-Community <input type="checkbox"/>
Private <input type="checkbox"/>
Other _____ <input type="checkbox"/>

Point of Collection
Source (Raw) <input type="checkbox"/>
Distribution (treated) <input type="checkbox"/>
MCL <input type="checkbox"/>

Testing
Emergency <input type="checkbox"/>
Routine <input type="checkbox"/>
Recheck <input type="checkbox"/>
Special <input type="checkbox"/>

Submitters Code:

Federal Project:

Collector: _____

Telephone No.: _____

Date Collected: _____

Time Collected: _____ a.m. _____ p.m.

Field pH: _____

Field Chlorine: _____

Nitric Acid Preserved: Yes No

Iced: Yes No

Remarks: _____

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input type="checkbox"/>	Gross Alpha	4000						
<input type="checkbox"/>	Gross Beta	4100						
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: _____

Received By: _____

Data Release Signature: _____

Date: _____

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?			
Sample pH <2.0?			
Received within holding time?			

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507