## **How to take Samples for Asbestos Analysis**

Taking samples yourself is **NOT** recommended. If you nevertheless choose to take the samples yourself, take care not to release asbestos fibers into the air or onto yourself. Material that is in good condition and will not be disturbed (by remodeling, for example) should be left alone. Only material that is damaged or will be disturbed should be sampled. Anyone who samples asbestos-containing materials should have as much information as possible on the handling of asbestos before sampling, and at a minimum, should observe the following procedures:

- · Make sure no one else is in the room when sampling is done.
- · Wear disposable gloves or wash hands after sampling.
- · Shut down any heating or cooling systems to minimize the spread of any released fibers.
- $\cdot$  Do not disturb the material any more than is needed to take a small sample.
- · Place a plastic sheet on the floor below the area to be sampled.
- · Wet the material using a fine mist of water containing a few drops of detergent before taking the sample. The water/detergent mist will reduce the release of asbestos fibers.
- · Carefully cut a piece from the entire depth of the material using, for example, a small knife, corer, or other sharp object. Place the small piece into a clean container (for example, a 35 mm film canister, small glass or plastic vial, or high-quality resealable plastic bag).
- · Tightly seal the container after the sample is in it.
- · Carefully dispose of the plastic sheet. Use a damp paper towel to clean up any material on the outside of the container or around the area sampled. Dispose of asbestos materials according to state and local procedures.
- · Label the container with an identification number and clearly state when and where the sample was taken.
- · Patch the sampled area with the smallest possible piece of duct tape to prevent fiber release. (The above information is from the EPA website.)

(Please fill out information below COMPLETELY and include with samples & payment-unless prepaid)

Property Street Address:				
City/State:	Zip:	Date/1	ime Sampled:	
Area Sampled (kitchen, living room, attic	, etc.)			
Name of person sampling:	Co	mpany/Agency:	Phone#:	
Mail Report To:				
Fax #:O	R Email:			
You may <u>deli<b>ver</b></u> / or <u>ship by UPS/FedEx</u> your	Over 3	includes <u>up to</u> 3 la layers — additional to Mid-Atlantic Labora St., Ste. 1, Port Royal,	charge.	
ORyou may <u>mail</u> your samples by <u>US Mail</u> t		X 817, King George, VA	22485	
DATE/TIME REC'D IN LAB:	\	LAB USE ONLY		\
•	BY:		PAID BY: Check #:	c/c:
LAB PROJECT #:		•	OTHER:	_AMT. PD.:
DUE DATE:	CHOLIG		DATE PD ·	RFC'D BV·