

**INDIANA DEPARTMENT OF HEALTH  
ENVIRONMENTAL LEAD LABORATORY – DUST WIPE 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:		Clearance:	Yes <input type="radio"/> No <input type="radio"/>
Email for Results:		Low Priority?	Yes <input type="radio"/> No <input type="radio"/>

**\*Required Fields**

YOUR SAMPLE ID	SAMPLE MATERIAL	SAMPLE DESCRIPTION AREA OR LOCATION	AREA SAMPLED (INCHES) e.g., 12 x 12	Lab Assigned Number
	Wipe			

Brand of alcohol-free wipes used: \_\_\_\_\_ Lot#: \_\_\_\_\_

<b>DUST WIPE TEST RESULTS LIMITS per 410 IAC 32</b>
<b>Clearance Levels:</b>
Interior Floors: < 5 µg/ft <sup>2</sup> ; Window Sills: < 40 µg/ft <sup>2</sup> ; Window Troughs: < 100 µg/ft <sup>2</sup>

For questions, please contact: The Indiana Lead and Healthy Homes Division @ 317-233-1250 or The Indiana Department of Health Laboratory @ 317-921-5500

*Use of this form constitutes a contract between the submitter and the IDOH Laboratories. The Laboratory will test samples according to its EPA National Lead Laboratory Accreditation Program scope. **Sample turnaround time is 10 business days, low priority turnaround time is 15 business days based on sample volume.***

Please mail samples with this form to: **IDOH Environmental Lead Laboratory  
550 W 16<sup>th</sup> Street  
Indianapolis, IN 46202**

**Custody Signature:** Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Custody Signature:** Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

