

**INDIANA STATE DEPARTMENT OF HEALTH  
ENVIRONMENTAL LEAD LABORATORY – DUST WIPE SUBMISSION**

**Your 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                      No

\*Required Fields

YOUR SAMPLE ID	SAMPLE MATERIAL	SAMPLE DESCRIPTION AREA OR LOCATION	AREA SAMPLED (INCHES) e.g., 12 x 12	LEAD MICROGRAM PER SQ. FT.	SAMPLE RPT LIMIT	Lab Sub Number
	Wipe					
	Wipe					
	Wipe					
	Wipe					
	Wipe					
	Wipe					
	Wipe					
	Wipe					
	Wipe					
	Wipe					
	Wipe					
	Wipe					

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

The Consumer Product Safety Commission has banned residential paint and other similar surface coating materials containing more than 0.06% lead.

**DUST WIPE TEST RESULTS LIMITS**

**For HUD Grantees:**  
Interior Floors: < 10 µg/ft<sup>2</sup> ; Porch Floors: < 40 µg/ft<sup>2</sup> ; Window Sills: < 100 µg/ft<sup>2</sup> ; Window Troughs: < 100 µg/ft<sup>2</sup>

**Per Indiana Administrative Code 32:**  
Interior Floors: < 40 µg/ft<sup>2</sup> ; Window Sills: < 250 µg/ft<sup>2</sup> ; Window Troughs: < 400 µg/ft<sup>2</sup>

For questions, please contact: The Indiana Childhood Lead Poisoning Prevention Program @ 317-233-1250 or 1-800-761-1271 or The Indiana State Department of Health Laboratory @ 317-921-5500

*Use of this form constitutes a contract between the submitter and the ISDH Laboratories. The Laboratory will test samples according to its EPA National Lead Laboratory Accreditation Program scope.*

Please mail samples with this form to: **ISDH 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: \_\_\_\_\_