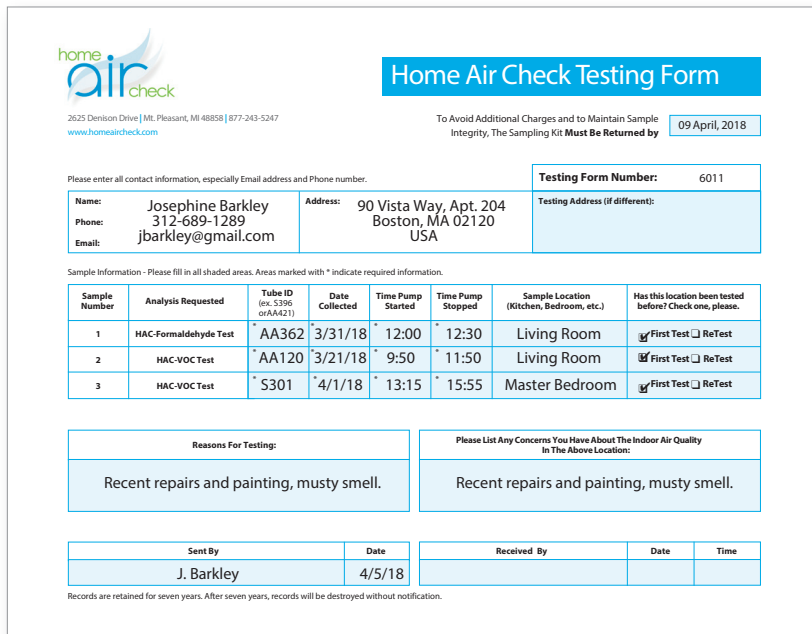


Sample Home Air Check Testing Form



home air check logo

2625 Denison Drive | Mt. Pleasant, MI 48858 | 877-243-5247
www.homeaircheck.com

To Avoid Additional Charges and to Maintain Sample Integrity, The Sampling Kit **Must Be Returned by** 09 April, 2018

Testing Form Number: 6011

Please enter all contact information, especially Email address and Phone number.

Name: Josephine Barkley
Phone: 312-689-1289
Email: jbarkley@gmail.com

Address: 90 Vista Way, Apt. 204
Boston, MA 02120
USA

Testing Address (if different):

Sample Information - Please fill in all shaded areas. Areas marked with * indicate required information.

Sample Number	Analysis Requested	Tube ID (ex. S396 or AA421)	Date Collected	Time Pump Started	Time Pump Stopped	Sample Location (Kitchen, Bedroom, etc.)	Has this location been tested before? Check one, please.
1	HAC-Formaldehyde Test	AA362	3/31/18	12:00	12:30	Living Room	<input checked="" type="checkbox"/> First Test <input type="checkbox"/> ReTest
2	HAC-VOC Test	AA120	3/21/18	9:50	11:50	Living Room	<input checked="" type="checkbox"/> First Test <input type="checkbox"/> ReTest
3	HAC-VOC Test	S301	4/1/18	13:15	15:55	Master Bedroom	<input checked="" type="checkbox"/> First Test <input type="checkbox"/> ReTest

Reasons For Testing: Recent repairs and painting, musty smell.

Please List Any Concerns You Have About The Indoor Air Quality In The Above Location: Recent repairs and painting, musty smell.

Sent By: J. Barkley
Date: 4/5/18

Received By: _____
Date: _____
Time: _____

Records are retained for seven years. After seven years, records will be destroyed without notification.



Please read all instructions before beginning a Home Air Check sample collection.

Initial Preparation

In order to capture the most representative home air sample, we recommend the following initial preparation steps:

- Refrain from smoking or using candles, incense, or scented candles during the test.
- Refrain from frying or cooking with oils the day before and during the test to prevent artificially high VOC results. Also, please do not cook at all during the test.
- Refrain from using cleaning products the day of the test to prevent artificially high VOC results.
- Ideal testing temperature is 60-80 F.

Larger Homes

If you have a home greater than 2,000 square feet, you may want to consider ordering more than one test in order to collect air samples in different locations of the home. Some possible sampling locations in larger homes are: the center area of each floor; one side of the house on one floor and the other side of the house on another floor; two sides of a single-story home; or any room(s) in the house where the occupants spend the most time, like a family room, basement, bedroom, etc.

Sampling test kit includes:

Shipping Box

All samples plus the entire kit contents must be returned to Prism Analytical Technologies using the prepaid shipping label and original box **within 21 days of shipment to avoid additional charges.**

Sampling Pump

Used to pull air sample through sample tube.

Sample Tube(s)

Glass tube used to collect air sample (multiple tubes if more than one test is ordered). Save all sample tube holders and end caps for return shipment.

Home Air Check Testing Form

Sample information — all shaded areas must be filled out and returned with sample



Home Air Check™

Prism Analytical Technologies

2625 Denison Drive, Suite D
Mt. Pleasant, MI 48858

Toll-Free: 877-CHEKAIR (877-243-5247)

www.HomeAirCheck.com

Questions or Concerns

If you are still unsure of how to sample the air in your home, please contact us toll-free at 877-243-5247 or 989-317-4700

Sampling Instructions for Home Air Check Testing

(Please read all instructions before beginning the test.)

1. Find a location near the center of the home, where the air flows freely. You should also consider an area where you and your family spend most of your time or where you feel any ill health effects.
2. Place the pump on a table or other flat surface 3 to 5 feet above the floor. Turn the sampling pump **ON** using the switch located on the front panel. The green light will indicate the pump is running. If the green light does not turn on, or if you see the green light but do not hear the pump, contact us for further instructions. Now that you've checked the pump operation, turn the pump **OFF**.
3. Open the glass vial with the threaded cap and remove the sample tube.
4. Save the vial and threaded cap for returning sample tube after test is complete.

NOTE: Sample tubes are glass and are fragile — handle with care.



5. Remove the red caps on both ends of the tube. Save the red caps for returning the sample tube after test is complete.
6. Look at the tube carefully. Toward one end of the tube you will see the tube identification number (e.g., T286, AA415), which you will enter on the Testing Form when you send the sample back. There is also an arrow which shows the direction the air should flow through the tube (see figure at right).

Insert the sample tube about 1/4" into the small section of rubber tubing at the top of the pump so the **arrow on the tube points toward the pump**. The direction of the sample tube is very important, so double-check that the arrow on the sample tube is pointing toward the sampling pump before continuing. (See figure at right for proper placement of tube into pump.)



CAUTION: If the sample tube breaks, discard as with any broken glass. The material inside the tube is non-toxic. Notify us as soon as possible for a replacement sample tube. (See contact information below.)

7. Turn the sampling pump **ON**, making sure the green light is illuminated. Record your start time on the Testing Form.
8. Leave the sampling pump on with the appropriate sample tube attached for the designated time as specified below:



- **Formaldehyde** 20 minutes optimal; 30 minutes max.
- **VOC/Mold VOC** 2 hours optimal; 4 hours max.
- **Tobacco Smoke Check** 2 hours optimal; 4 hours max.

At the end of that time, turn the sample pump **OFF**. Record your end time (stop time) on the Testing Form. *Important – please note that sample times longer than those listed above may result in the inability to analyze your sample.*

9. Carefully remove the sample tube from the pump and replace the red caps on each end of the sample tube. Place the sample tube in to the 2-piece, plastic return vial.
10. Fill out the shaded areas on the Testing Form. (Refer to the Example Testing Form on the back page of these instructions.) Check to make sure your name, address, email address, and phone number are correctly identified.
11. Remove the return shipping label from the kit. Pack all other items from the kit (sampling pump, sample tube(s), and Testing Form) into the shipping box. **Do not refrigerate or pack with ice.** Peel off the backing from the pre-addressed/prepaid shipping label and affix it to the outside of the box. Bring the package to the appropriate shipping office indicated on the label.

Your test results will be available via email within 5 business days from the receipt of your sample(s).

