

**EMSL Analytical, Inc.**

10-39 45th Rd, Long Island City, NY, 11101
Telephone: 212.290.0051 Fax:856-786-5974
EMSL-LIC-03

EMSL Order ID: 032551141
LIMS Reference ID: DD51141
EMSL Customer ID: BANH80

Attention: Manoj Oza
Bureau of Environmental Compliance [BANH80]
96-05 Horace Harding Expressway, BEC LABS RM 660
Corona, NY 11368
(718) 595-6291
ManojO@dep.nyc.gov

Project Name: Dust Study

Customer PO: 20232001314
EMSL Sales Rep: Anthony DeRosa
Received: 09/15/2025 16:16
Reported: 09/21/2025 13:46

Analytical Results

Compound	Weight (mg)	Results (mg/m³)	Q	RL (mg/m³)	Area/Volume (L)	DF	Analysis Date & Analyst
Client Sample ID: ZP270500949 346 Broadway							Date Sampled: 09/15/25
Analysis:NIOSH 0500							LIMS Reference ID: DD51141-01
Matrix: Air							
Dust	< 0.050	N/A		N/A	N/A	1	09/17/25 JW
Client Sample ID: ZP339230567 346 Broadway							Date Sampled: 09/15/25
Analysis:NIOSH 0500							LIMS Reference ID: DD51141-02
Matrix: Air							
Dust	< 0.050	N/A		N/A	N/A	1	09/17/25 JW
Client Sample ID: ZP270500971 346 Broadway							Date Sampled: 09/15/25
Analysis:NIOSH 0500							LIMS Reference ID: DD51141-03
Matrix: Air							
Dust	0.18	9.0		2.5	20	1	09/17/25 JW
Client Sample ID: ZP270500953 346 Broadway							Date Sampled: 09/15/25
Analysis:NIOSH 0500							LIMS Reference ID: DD51141-04
Matrix: Air							
Dust	0.21	10		2.5	20	1	09/17/25 JW
Client Sample ID: ZP270500973 346 Broadway							Date Sampled: 09/15/25
Analysis:NIOSH 0500							LIMS Reference ID: DD51141-05
Matrix: Air							
Dust	0.16	7.9		2.5	20	1	09/17/25 JW
Client Sample ID: ZP270500948 346 Broadway							Date Sampled: 09/15/25
Analysis:NIOSH 0500							LIMS Reference ID: DD51141-06
Matrix: Air							
Dust	0.10	5.2		2.5	20	1	09/17/25 JW

Results are not blank corrected

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Certified Analyses included in this Report

Analyte	Certifications
NIOSH 0500 in Air	
Dust	03-AIHA IHLAP

List of Certifications

Code	Description	Number	Expires
03-AIHA IHLAP	American Industrial Hygiene Association (AIHA LAP, LLC) - IHLAP	102581	01/01/2027
03-AIHA ELLAP	EMSL Analytical, Inc. Long Island City, AIHA LAP, LLC-ELLAP Accredited	102581	01/01/2027
03-NYDOH	New York State Department of Health ELAP	11506	04/01/2026

Please see the specific Field of Testing (FOT) on www.emsl.com for a complete listing of parameters for which EMSL is certified.

Notes and Definitions

Item	Definition
(Dig)	For metals analysis, sample was digested.
[2C]	Reported from the second channel in dual column analysis.
DA	Direct Analysis
DF	Dilution Factor
MDL	Method Detection Limit.
ND	Analyte was NOT DETECTED at or above the detection limit.
NR	Spike/Surrogate showed no recovery.
Q	Qualifier
RCS	Respirable Crystalline Silica
RL	Reporting Limit
Wet	Sample is not dry weight corrected.

Measurement of uncertainty and any applicable definitions of method modifications are available upon request. Per EPA NLLAP policy, sample results are not blank corrected.

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Charles Johnson Laboratory Manager or other approved signatory

EMSL maintains liability limited to cost of analysis. Interpretation and use of test results are the responsibility of the client. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. The report reflects the samples as received. Results are generated from the field sampling data (sampling volumes and areas, locations, etc.) provided by the client on the Chain of Custody. QC sample results are within quality control criteria and met method specifications unless otherwise noted. All results for soil samples are reported on a dry weight basis, unless otherwise noted.



Silica - Chain of Custody

EMSL Order Number / Lab Use Only

EMSL Analytical, Inc.
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Long Island City, NY 11101

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TESTING LABS • PRODUCTS • TRAINING

PHONE: (212) 290-0051
EMAIL: ManhattanLab@EMSL.com

DD51141

If Bill-To is the same as Report-To leave this section blank. Third-party billing requires written authorization.

Customer Information	Customer ID:		Billing ID:						
	Company Name: NYC DEP		Company Name:						
	Contact Name: Mamoi (Manny) Oza		Billing Contact:						
	Street Address: 96-05 Horace Harding Expy		Street Address:						
	City, State, Zip: Corona, NY 11368	Country:	City, State, Zip:	Country:					
Phone: 718-595-6333		Phone:							
Email(s) for Report: Mamoi@DEP.NYC.GOV		Email(s) for Invoice:							
Project Name/No:									
EMSL LIMS Project ID: (If applicable, EMSL will provide) Dust Study		US State where samples collected:		State of Connecticut (CT) must select project location: <input type="checkbox"/> Commercial (Taxable) <input type="checkbox"/> Residential (Non-Taxable)					
Media Type:		Media Manufacturer/Part Number:		Media Lot Number:					
Sampled By Name: Franca Leung		Sampled By Signature: [Signature]		No. Samples in Shipment:					
Method Requested: <input type="checkbox"/> NIOSH 7500 by XRD <input type="checkbox"/> Include: Respirable Dust <input type="checkbox"/> Include: Total Dust **Check only one of the above <input type="checkbox"/> Include: TWA <input type="checkbox"/> NIOSH 7602 by IR **Charlotte (Pineville), NC Lab ONLY		Media Submitted: Cassette <input checked="" type="checkbox"/> 37mm PVC 5.0um Cassette / Pre-Weighed Filter <input type="checkbox"/> No Cyclone <input type="checkbox"/> 37mm PVC 5.0um Cassette / NON Pre-Weighed Filter <input type="checkbox"/> No Cyclone (Lab assumes cyclone utilized in sampling train unless No Cyclone selected.) PPI <input type="checkbox"/> 2 LPM PPI / Pre-Weighed Filter <input type="checkbox"/> 2 LPM PPI / NON Pre-Weighed Filter <input type="checkbox"/> 4 LPM PPI / Pre-Weighed Filter <input type="checkbox"/> 4 LPM PPI / NON Pre-Weighed Filter <input type="checkbox"/> 8 LPM PPI / Pre-Weighed Filter <input type="checkbox"/> 8 LPM PPI / NON Pre-Weighed Filter		Species Requested: <input type="checkbox"/> ALL Species (Includes Alpha Quartz, Cristobalite, Tridymite) <input type="checkbox"/> Single Species (Please check one or two below) <input type="checkbox"/> Alpha Quartz <input type="checkbox"/> Cristobalite <input type="checkbox"/> Tridymite					
Turnaround Time (TAT) Options - Please check: (If no selection made, Standard 2 Week (EOD) TAT will apply) <input type="checkbox"/> 2 Week <input checked="" type="checkbox"/> 1 Week <input type="checkbox"/> 4 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 1 Day (Call Lab)									
Client Sample ID	Location/Description	Analyte/Method	Media	Flow (lpm)	Sample Time		Sample Type	Sample Date	Comments
					On	Off			
2P27050049	346 Broadway	0500	Blank 1	2			<input type="checkbox"/> Area <input type="checkbox"/> Personal		2025 SEP 15 P 4:16 RECEIVED EMSL LONG ISLAND CITY LAB
2P339230567	346 Broadway	0500	Blank 2	2			<input type="checkbox"/> Area <input type="checkbox"/> Personal		
2P270500471	346 Broadway	0500		2	2150PM	3200PM	<input type="checkbox"/> Area <input type="checkbox"/> Personal	9/15/25	
2P270500953	346 Broadway	0500		2	3203PM	3213PM	<input type="checkbox"/> Area <input type="checkbox"/> Personal	9/15/25	
2P270500973	346 Broadway	0500		2	3214PM	3224PM	<input type="checkbox"/> Area <input type="checkbox"/> Personal	9/15/25	
2P270500948	346 Broadway	0500		2	3227PM	3237PM	<input type="checkbox"/> Area <input type="checkbox"/> Personal	9/13/25	
Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)									
Method of Shipment:					Sample Condition Upon Receipt:				
Relinquished by: Mamoi Oza		Date/Time: 9/15/25 4:15PM			Received by: [Signature]			Date/Time: 9/15/25 4:16PM	
Relinquished by:		Date/Time:			Received by:			Date/Time:	

Controlled Document - COC-73 Silica R1 03/18/2021

☐ AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.)

EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and acknowledgment of all terms and conditions by Customer.



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	City, State, Zip: Corona, NY 11368	Country:	City, State, Zip:	Country:				
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Email(s) for Report: Mamoi@DEP.NYC.GOV		Email(s) for Invoice:						
Project Name/No:								
EMSL LIMS Project ID: (If applicable, EMSL will provide) Dust Study		US State where samples collected:		State of Connecticut (CT) must select project location: <input type="checkbox"/> Commercial (Taxable) <input type="checkbox"/> Residential (Non-Taxable)				
Media Type:	Media Manufacturer/Part Number:	Media Lot Number:						
Sampled By Name: Franca Leung	Sampled By Signature:	No. Samples in Shipment:						
Method Requested: <input type="checkbox"/> NIOSH 7500 by XRD <input type="checkbox"/> Include: Respirable Dust <input type="checkbox"/> Include: Total Dust <input type="checkbox"/> **Check only one of the above <input type="checkbox"/> Include: TWA <input type="checkbox"/> NIOSH 7602 by IR <input type="checkbox"/> **Charlotte (Pineville), NC Lab ONLY		Media Submitted: Cassette <input checked="" type="checkbox"/> 37mm PVC 5.0um Cassette / Pre-Weighed Filter <input type="checkbox"/> No Cyclone <input type="checkbox"/> 37mm PVC 5.0um Cassette / NON Pre-Weighed Filter <input type="checkbox"/> No Cyclone (Lab assumes cyclone utilized in sampling train unless No Cyclone selected.) PPI <input type="checkbox"/> 2 LPM PPI / Pre-Weighed Filter <input type="checkbox"/> 2 LPM PPI / NON Pre-Weighed Filter <input type="checkbox"/> 4 LPM PPI / Pre-Weighed Filter <input type="checkbox"/> 4 LPM PPI / NON Pre-Weighed Filter <input type="checkbox"/> 8 LPM PPI / Pre-Weighed Filter <input type="checkbox"/> 8 LPM PPI / NON Pre-Weighed Filter		Species Requested: <input type="checkbox"/> ALL Species (Includes Alpha Quartz, Cristobalite, Tridymite) <input type="checkbox"/> Single Species (Please check one or two below) <input type="checkbox"/> Alpha Quartz <input type="checkbox"/> Cristobalite <input type="checkbox"/> Tridymite				
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2P339230567	346 Broadway	0500	Blank 2	2		<input type="checkbox"/> Area <input type="checkbox"/> Personal		
2P270500947	346 Broadway	0500		2	2150W 3200W	<input type="checkbox"/> Area <input type="checkbox"/> Personal	9/15/25	
2P270500953	346 Broadway	0500		2	3203W 3213W	<input type="checkbox"/> Area <input type="checkbox"/> Personal	9/15/25	
2P270500973	346 Broadway	0500		2	3214W 3224W	<input type="checkbox"/> Area <input type="checkbox"/> Personal	9/15/25	
2P270500948	346 Broadway	0500		2	3227W 3237W	<input type="checkbox"/> Area <input type="checkbox"/> Personal	9/13/25	
Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)								
Method of Shipment:					Sample Condition Upon Receipt:			
Relinquished by: Mamoi Oza		Date/Time: 9/15/25 4:15PM		Received by: [Signature]		Date/Time: 9/15/25 4:16PM		
Relinquished by:		Date/Time:		Received by:		Date/Time:		

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