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Report Results To: <hr/> Company <hr/> Address: <hr/> <hr/> <hr/> Phone: _____ Fax: _____ <hr/> Email: _____	Location: <hr/> <p style="text-align: center; color: blue;">Results will be uploaded to your imslaboratory.com account</p>
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Inspector Use

Time Exposed	Date Exposed	Time Closed	Date Closed
(am/pm)		(am/pm)	
Were requirements for closed-house conditions met? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was there evidence of tampering? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Laboratory Use

	Serial Number	Reading Before Exposure	Reading After Exposure
1			
2			

Deployed By: <hr/> Retrieved By:	Received By & Date:	Comments / Additional Services:
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