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Report Results To: <hr/> Company: <hr/> Address: <hr/> <hr/> <hr/> Phone: _____ Fax: _____	Location:
Email: _____	Results will be uploaded to your imslaboratory.com account

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			
Where was test performed? <input type="checkbox"/> Basement <input type="checkbox"/> 1st Floor <input type="checkbox"/> 2nd Floor			

Laboratory Use

	Serial Number	Reading Before Exposure	Reading After Exposure
1			
2			

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