

LABORATORY REPORT

Job Number: 19-14146
Revision: 00
Date: 29 August 2019

ADDRESS: **Local Health Authorities Analytical Committee**
Edith Cowan University
Building 19, 270 Joondalup Drive
JOONDALUP WA 6027


ATTENTION: Trevor Chapman


DATE RECEIVED: 27/08/2019

YOUR REFERENCE: Shire of Kojonup

PURCHASE ORDER:

APPROVALS:


Adam Green
Approved Signatory


Regan Neal
Approved Identifier



SAMPLING COMMENTS:

Samples are analysed on an "as received" basis

METHOD REFERENCES:

Method ID	Method Description
ASBID	Qualitative identification of fibre type in bulk samples by Stereo Microscope Examination and Polarised Light Microscopy, including Dispersion Staining, using ARL in-house method ASBID and in accordance with AS4964-2004.

REPORT COMMENTS:

This report is issued by Analytical Reference Laboratory (WA) Pty Ltd. The report shall not be reproduced except in full without written approval from the laboratory.

RESULTS:

Sample No	Sample Details	Sample Type	Sample Weight (Approx. g)	Asbestos in Bulk Sample
19-14146-1	Collected from Ground	Cement	60	Chrysotile Asbestos Detected
19-14146-2	Collected from Wall	Cement	18	Chrysotile Asbestos Detected Organic Fibres Detected



CHAIN OF CUSTODY

46-48 Banksia Road WELSHPOOL WA 6106
Ph: +61 8 6253 4444 www.artwa.com.au

[illegible]

Samples Relinquished By: _____ On: ____/____/____ At: _____ Signed: _____
 Samples Received By: _____ On: ____/____/____ At: _____ Signed: _____

**LHAAC****LHAAC SAMPLING SCHEME – SAMPLE SUBMISSION FORM**

SELECTED ANALYST	(Please Tick)	LAB USE ONLY
Food Technology		Consignment Number:
Analytical Reference Laboratory	<input checked="" type="checkbox"/>	

NAME OF LGA: SHIRE OF KOJONUPTel: 98312424Food Vendor: N/AAddress: PO BOX 163 KOJONUP WA 6395Sold By: N/A Position: _____

Tel: _____

Date: _____ Time: _____ (am/pm)

LGA Sample Number	Sample Type (CS/DS/NC)	Legal Sample (Y/N)	Cost	Weight	Label Description	Sample Details (Brand/Manufacturer/Importer/Use By/Batch No.)	Analysis Required
		N	N/A	N/A	N/A	SUSPECTED ASBESTOS 1	DETERMINATION OF PRESENCE OF ACM
		N	N/A	N/A	N/A	SUSPECTED ASBESTOS 2	

Legend: CS: Coordinated Sampling Project DS: Discretionary Sample NC: Non-Compliant Sample

Special Instructions

EHO: MICHAEL DENNIS [Signature] EHO Email: health@kojonup.wa.gov.au WITNESS: N/A (NOT LEGAL SAMPLE)
 (Please Print Name) (EHO Signature) (EHO email address) (Please print name & signature)

Received From EHO: _____ Received By: _____ Date: ____/____/____ Time: _____ (am/pm)
 (Please Print Name) (Please Print Name)
 Prosecution Certificate Required: YES ☐ NO ☐