

Certificate of Analysis
Fungi, Petri Dish Direct Exam/SOP IV.11.19
AIHA-EMLAP ID#232034

Collector: [Redacted] Date Collected: 10/16/2023
 Number of Samples: [Redacted] Date Received: 10/19/2023
 Date Analyzed: 10/23/2023
 Date Reported: 10/23/2023



Project Location: N/A

Lab Sample Number:	854-04
Client ID Number:	Sample 4
Sample Location:	Front Entrance

Sample Type:	Settling Plate
Media Used:	Unknown
Sample Volume(m ³):	N/A
Detection Limit (CFU/m ³):	1

	Raw Count	%	CFU/Unit
Alternaria	0	0	0
Acremonium	0	0	0
Ascospores	0	0	0
Aspergillus	1	25	1
Basidiolspores	0	0	0
Bipolaris/Dreschlera	0	0	0
Botrytis	0	0	0
Chaetomium	0	0	0
Cladosporium	12	60	12
Curvularia	2	5	2
Epicoccum	0	0	0
Fusarium	0	0	0
Geotrichum	0	0	0
Mucor	0	0	0
Nigrospora	0	0	0
Non Sporulating Fungi	10	25	10
Oidium/Peronospora	0	0	0
Paecilomyces	0	0	0
Penicillium	1	2	1
Pithomyces/Ulocladium	1	1	1
Rhizopus	0	0	0
Rusts	0	0	0
Smuts/Myxomycetes	0	0	0
Stachybotrys	0	0	0
Stemphylium	0	0	0
Trichoderma	0	0	0
Torula	0	0	0
Yeast	21	25	21
Other	0	0	0
Total CFUs	25	100	25

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Project Location: N/A

- CFU: Colony-Forming Unit.
- No discernable Blank Sample(s) Was Submitted.
- Genus Level Identification only.

[Handwritten Signature]

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Collected By: [REDACTED] Date Collected: 10/19/2023
 Number of Samples: 4 Date Received: 10/19/2023
 Date Analyzed: 10/23/2023
 Date Reported: 10/23/2023



Project Location: N/A

Lab Sample Number:	854-01	854-02	854-03
Client ID Number:	Sample 1	Sample 2	Sample 3
Sample Location:	Bedroom	Living Room	Kitchen

Sample Type	Settling Plate	Settling Plate	Settling Plate
Media Used	Unknown	Unknown	Unknown
Sample Volume(m ³)	NA	NA	NA
Detection Limit (CFU/m ³):	1	1	1

	Raw Count	%	CFU/Unit	Raw Count	%	CFU/Unit	Raw Count	%	CFU/Unit
Alternaria	0	0	0	0	0	0	0	0	0
Acremonium	0	0	0	0	0	0	0	0	0
Ascospores	0	0	0	0	0	0	0	0	0
Aspergillus	2	25	2	4	53	4	0	0	0
Basidiomycetes	0	0	0	0	0	0	0	0	0
Bipolaris/Dreschlera	0	0	0	0	0	0	0	0	0
Botrytis	0	0	0	0	0	0	0	0	0
Chaetomium	0	0	0	0	0	0	0	0	0
Cladosporium	1	13	1	62	83	62	80	90	80
Curvularia	0	0	0	2	27	2	0	0	0
Epicoccum	0	0	0	0	0	0	0	0	0
Fusarium	0	0	0	0	0	0	0	0	0
Geotrichum	0	0	0	0	0	0	0	0	0
Mucor	0	0	0	1	13	1	2	23	2
Nigrospora	0	0	0	0	0	0	0	0	0
Non Sporulating Fungi	0	0	0	0	0	0	0	0	0
Odium/Peronospora	0	0	0	0	0	0	0	0	0
Paecilomyces	0	0	0	0	0	0	0	0	0
Penicillium	0	0	0	2	27	2	0	0	0
Phycomycetes/Ulocladium	0	0	0	0	0	0	0	0	0
Rhizopus	0	0	0	0	0	0	0	0	0
Rusts	0	0	0	0	0	0	0	0	0
Smuts/Myxomycetes	0	0	0	0	0	0	0	0	0
Stachybotrys	0	0	0	0	0	0	0	0	0
Stemphylium	0	0	0	0	0	0	0	0	0
Trichoderma	3	38	3	0	0	0	0	0	0
Tarula	0	0	0	0	0	0	0	0	0
Yeast	0	0	0	2	27	2	2	23	2
Other	0	0	0	0	0	0	0	0	0
Total CFUs	5	100	5	74	100	74	90	100	90

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Project Location: N/A

Lab Sample Number:	854-04		
Client ID Number:	Sample 4		
Sample Location:	Front Entrance		

Sample Type	Settling Plate		
Media Used	Unknown		
Sample Volume(m ³)	NA		
Detection Limit (CFU/m ³):	1		

	Raw Count	%	CFU/Unit				
Alternaria	0	0	0				
Acremonium	0	0	0				
Ascospores	0	0	0				
Aspergillus	7	23	7				
Basidiomycetes	0	0	0				
Bipolaris/Dreschlera	0	0	0				
Botrytis	0	0	0				
Chaetomium	0	0	0				
Cladosporium	3	9	3				



Environmental Laboratories, Inc.

Soil & Environmental Laboratory Request Form
Date: 11/14/23
Lab No.: 45-1

CHAIN OF CUSTODY
Please include a check to Kapaek Inc for \$42 per petri dish mailed in

Company/Client:

Project address

Contact:

Client Project ID:

Results will be e-mailed. Failure to write your e-mail address will result in delays!

Sampling Date
Lot No. - Service Order
45-1
Turnaround Required*
5 Days

E-mail:

[Redacted]

Sample ID	Sample Date	Sample Description/Location	Sample Type**	Volume	Analysis Type**	Sampling Comments
Sample 1	10/10/23	Bedroom	CA	NA	DMR	
Sample 2	10/10/23	Living Room	CA	NA	DMR	
Sample 3	10/10/23	Kitchen	CA	NA	DMR	
Sample 4	10/10/23	Front Porch				

Company Name: [Redacted]
 Name: Leslie Karim
 Title: Client
 Phone: [Redacted]
 Email: [Redacted]
 Address: [Redacted]

Lab No.: 45-1
 Date: 11/14/23
 Project Name: [Redacted]

For Laboratory Use

This form is to be used for samples taken from a building and must be completed by the person responsible for the collection and delivery of the samples. It is not to be used for samples collected from other sources. The form must be filled out for each sample and must be kept with the samples until they are analyzed. The form must be filled out for each sample and must be kept with the samples until they are analyzed. The form must be filled out for each sample and must be kept with the samples until they are analyzed.

Leslie Karim - Analyst

Shirley Hendrix - Safety Microbiology

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