

January 31, 2022

Mr. Michael Lane
Environmental Health & Safety Manager
Office of Court Management/
Facilities Management & Court Capital
Massachusetts Superior Courts
Lowell Justice Center
370 Jackson Street
Lowell, MA 01852

#### MAIN OFFICE:

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www.axiomenv.com

**VIA EMAIL** 

AXIOM Project 01275.007

RE: Indoor Air Quality Testing, Springfield District Courthouse, 50 State Street, Springfield, MA

Dear Mr. Lane,

At your request, Axiom Partners, Inc. (AXIOM) performed indoor air quality (IAQ) testing at the referenced courthouse building. The testing was performed on January 12, 2022, by AXIOM Industrial Hygienist, Michael Keady. The IAQ survey consisted of the following:

#### I. INDOOR AIR TESTING AND OBSERVATIONS

#### 1. Visual Assessment of Interior Spaces

AXIOM performed a general inspection of the interior spaces for visible signs of potential water damage or mold/fungal growth. This did not include above ceiling spaces and HVAC equipment.

#### 2. General Air Quality Testing Parameters

AXIOM performed testing of IAQ parameters throughout the building using a direct reading Q-Trak® IAQ Monitor which continuously measures and records levels of carbon monoxide (CO), carbon dioxide (CO<sub>2</sub>), temperature and relative humidity (rH).

AXIOM positioned the Q-Trak in 36 locations over the course of the day, with run times in each location ranging between 10 and 20 minutes. Locations were chosen to represent general air quality and the locations are documented on the attached floor plans.

Results are compared with established indoor air quality guidelines which are used to assess the adequacy of IAQ and ventilation.

#### 3. Air Testing for Volatile Organic Compounds (VOCs)

A calibrated TSI GM460 Gas Monitor was used to take real-time spot readings for VOCs<sup>1</sup> in multiple locations throughout the building. The GM460 is a hand-held device that detects and measures more than 600 of the most common VOCs and has a lower detection limit of 1.0 ppb.

<sup>&</sup>lt;sup>1</sup> Includes a library of over 600 common VOCs





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The screening locations and associated Gas Monitor responses were be recorded on an indoor air sampling form. The locations mimicked the Q-Trak sampling locations.

#### 4. Air Testing for Total Dust

AXIOM performed continuous dust monitoring throughout the building using a direct-reading TSI SidePak™ AM520i dust monitor. This portable unit measured and recorded total dust concentrations.

The SidePak™ Personal Aerosol Monitor AM520i is a portable, battery-operated, data-logging, device that provides real-time aerosol mass concentration readings of dusts, fumes, mists, smoke and fog.

AXIOM periodically moved the SidePak unit throughout the building mimicking the Q-Trak and Gas Monitor sampling locations.

### 5. Air Testing for Non-Culturable Mold (Fungi)

AXIOM also collect air samples for direct optical examination for mold and fungal spores using Allergenco-D air sampling cassettes which are used for the rapid collection and analysis of a wide range of airborne aerosols, including fungal spores, pollen, insect parts, skin cell fragments, fibers, and inorganic particulates. AXIOM collected 10 air samples from inside the building and 2 outdoor baseline/control samples (12 total samples).

The air samples were analyzed by EMSL Analytical, inc. (EMSL) located in Woburn, MA. EMSL is accredited under the American Industrial Hygiene Association (AIHA) for fungal analysis. A chain-of-custody form was used to document sample handling and to specify analytical requirements.

#### II. SUMMARY OF INDOOR AIR TESTING

#### 1. Observations

During the course of performing the air testing, AXIOM inspected interior spaces in the building and made the following observations:

- 1. Most areas in the building appeared to be relatively clean
- 2. No visible signs and no odors associated with mold/fungi were noted in the building
- 3. As previously reported, there were numerous areas with dirty HVAC diffusers and adjacent ceiling
- 4. As previously reported, there were water-stained ceiling tiles by the windows in the Law Library and in the corner of the Registry of Probate and in Office 204
- 5. A trash receptacle used to collect water from a leaking window was noted in the 4<sup>th</sup> floor Jury Pool Room and.
- 6. As previously reported, some unidentified stains were observed on carpets in some offices (possibly from drink/coffee spills)

### 2. General Air Quality Testing Parameters, VOCs and Total Dust

Table 1 provides a summary of the SidePak and GM460 indoor air quality testing. In addition to our IH taking regular measurements and recording them on a field form, the SidePak unit operated in the data logging mode where it recorded and logged readings every 60 seconds throughout the sampling period. The GM460 is an automatic datalogging device that collects readings every 5 minutes when operational. Due to an unknown equipment issue, the Q-Trak did not record sensor data to the unit's data log file.



TABLE 1
SUMMARY OF Q-TRAK, SIDEPAK AND GM460 TESTING RESULTS

| AIR QUALITY PARAMETER             | MINIMUM / MAXIMUM OF MEASURED VALUES | AVERAGE OF<br>MEASURED<br>VALUES | Guidelines                                       |
|-----------------------------------|--------------------------------------|----------------------------------|--------------------------------------------------|
| Temperature (T)                   | 64.4/ 77.1 °F                        | 72.4 °F                          | 68 – 75 °F <sup>a,b</sup><br>73 – 79 °F (summer) |
| Relative Humidity (rH)            | 9.6 / 15.9 %                         | 11.2 %                           | 30 – 60% <sup>a,b</sup>                          |
| Carbon Dioxide (CO <sub>2</sub> ) | 490 / 676 ppm                        | 566 ppm                          | ≤ 800 ppm <sup>b,c</sup>                         |
| Carbon Monoxide (CO)              | 0.0 / 0.1 ppm                        | 0.03 ppm                         | 9 ppm <sup>a,b</sup> /50 ppm <sup>d</sup>        |
| Volatile Organic Compounds (VOC)  | 0 / 24 ppb                           | 10.9 ppb                         | 300 ppb <sup>b, e</sup>                          |
| Total Airborne Particulate        | 0.002 / 0.025 mg/m <sup>3</sup>      | 0.008 mg/m <sup>3</sup>          | 15.0 mg/m <sup>3 d</sup>                         |

<sup>&</sup>lt;sup>a</sup> ASHRAE 55-2013 Std. (American Society of Heating, Refrigerating & Air Conditioning Engineers).

Attachment 1 includes the field recording forms. The Q-Trak and SidePak data summaries are provided in Attachment 2.

### 4. Air Testing for Non-Culturable Mold (Fungi)

Table 4 provides a summary of the spore trap air sampling results. The complete laboratory report is provided in Attachment 4.

TABLE 4
SUMMARY OF AIRBORNE FUNGAL SPORE TESTING RESULTS

| SAMPLE<br>NUMBER | LOCATION                                             | TOTAL FUNGI<br>(S/m³) <sup>1</sup> | MOLD SPORE TYPE             |
|------------------|------------------------------------------------------|------------------------------------|-----------------------------|
| 4509188          | Jury Pool 446                                        | 90                                 | Myxomycetes                 |
| 4509170          | Registration of Deeds 400                            | 40                                 | Myxomycetes                 |
| 4509109          | Superior Courtroom 4                                 | 0                                  | None Detected               |
| 4449735          | Superior Courtroom 5                                 | 40                                 | Myxomycetes                 |
| 4509181          | Jury Room 248                                        | 0                                  | None Detected               |
| 4509192          | 2 <sup>nd</sup> Floor Clerk of District Court, Civil | 0                                  | None Detected               |
| 4509136          | 1 <sup>st</sup> Floor Court Service Center           | 80                                 | Cladosporium, Myxomycetes   |
| 4509097          | Forensic Health Office 140                           | 40                                 | Myxomycetes                 |
| 4449730          | Mechanical Room G42                                  | 0                                  | None Detected               |
| 4509144          | Office G37                                           | 290                                | Basidiospores, Cladosporium |
| 4509095          | Building Exterior by Main Entrance                   | 80                                 | Basidiospores               |
| 4509098          | Building Exterior - State St. Sidewalk               | 40                                 | Basidiospores               |

 $<sup>^{1}</sup>$ S/ $m^{3}$  = spore counts per cubic meter of air



b ≤ means less than or equal to, oF = degrees Fahrenheit, % = percent, ppm = parts per million, ppb = parts per billion, mg/m³ = milligrams per cubic meter; TWA = Time Weighted Average over 8-hours

<sup>&</sup>lt;sup>c</sup> Occupational Safety & Health Administration (OSHA) proposed indoor air quality (IAQ) rule (59 FR 15968).

d OSHA (Occupational Safety and Health Administration) Permissible Exposure Limit.

<sup>&</sup>lt;sup>e</sup> Refer to attached Total VOC summary table in Attachment 6.

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Airborne fungi below 250 S/m³ are normally not a concern for indoor environments². Airborne levels outdoors are normally between 500 and 1,000 S/m³ but can easily exceed 10,000 S/m³ during the spring and summer months. Indoor airborne levels between 250 and 1,000 S/m³ are typically considered to be moderate and levels that exceed 1,000 S/m³ are often considered elevated³ and may result in active mold growth.

It is important to note that bioaerosols (fungi/mold) are <u>always</u> present and it is the excess quantity of microorganisms that can be of concern. By comparing the microbiological profiles of indoor sample results to outside samples, it is often possible to determine if amplification of microorganisms is occurring within the building.

Comparing the microbial profiles of the air samples, AXIOM has concluded that the airborne fungal spore levels on the days of the sampling were not elevated, and amplification was not occurring.

#### III. CONCLUSIONS

In summary, based on the results of the air quality testing described herein, AXIOM did not identify any air quality conditions or levels for measured parameters that were significantly outside acceptable levels of indoor air quality.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Evan MacArthur Project Manager/Sr. Industrial Hygienist

Stephen E. Minassian Principal

tw 5 Mm

Edward K. Kearney, CIH

Principal

Attachments: A1, Field data forms

A2, Direct Read Instrument Reports A3, Fungi/mold testing report A4, Sample location floor plans A5, TVOC reference table



<sup>&</sup>lt;sup>2</sup> New York Committee for Occupational Safety and Health

<sup>&</sup>lt;sup>3</sup> Occupational Safety and Health Administration Technical Manual, Section III, Chapter 2, § IV (c)

# ATTACHMENT 1 FIELD DATA FORMS

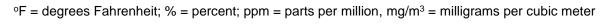


## IAQ READINGS

| Date:        | 01/12/22      | Location:     | 50 State St, Springfield MA |
|--------------|---------------|---------------|-----------------------------|
| Project No.: | 01275.007     | Project Name: | Air Quality Investigation,  |
| Industrial   | Michael Keady |               | Springfield Hall of Justice |

Hygienist(s):

| Тіме | LOCATION                                                         | <b>TEMP (</b> °F) | RH (%) | CO <sub>2</sub><br>(PPM) | CO<br>(PPM) | VOCs<br>(PPB) | PART.<br>(MG/M <sup>3</sup> ) |
|------|------------------------------------------------------------------|-------------------|--------|--------------------------|-------------|---------------|-------------------------------|
| 0732 | 4 <sup>th</sup> Floor, Elevator Lobby                            | 64.4              | 13.3   | 582                      | 0           | 0             | 0.007                         |
| 0745 | 4th Floor, Hall by Probate Court #2                              | 68.4              | 11.1   | 531                      | 0.1         | 0             | 0.007                         |
| 0759 | 4 <sup>th</sup> Floor, Jury Pool                                 | 70.1              | 10.5   | 522                      | 0.1         | 0             | 0.003                         |
| 0812 | 4 <sup>th</sup> Floor, Probate Courtroom 2                       | 71.3              | 9.6    | 490                      | 0.1         | 1             | 0.007                         |
| 0824 | 4 <sup>th</sup> Floor, Judges Lobby 428A                         | 72.6              | 10.6   | 556                      | 0           | 4             | 0.003                         |
| 0838 | 4 <sup>th</sup> Floor, Registry of Probate                       | 70.0              | 10.7   | 532                      | 0           | 3             | 0.006                         |
| 0851 | 4 <sup>th</sup> Floor, Registry of Deeds                         | 70.6              | 11.1   | 523                      | 0           | 5             | 0.004                         |
| 0900 | 4 <sup>th</sup> Floor, Land Registration                         | 70.3              | 10.9   | 520                      | 0           | 5             | 0.01                          |
| 0912 | 3 <sup>rd</sup> Floor, Room 320A                                 | 71.0              | 10.4   | 520                      | 0.1         | 5             | 0.007                         |
| 0924 | 3 <sup>rd</sup> Floor, Superior Courtroom 4                      | 71.3              | 10.2   | 530                      | 0           | 7             | 0.012                         |
| 0936 | 3 <sup>rd</sup> Floor, Clerk of Superior Court,<br>Civil         | 71.6              | 10.5   | 561                      | 0           | 10            | 0.015                         |
| 0948 | 3 <sup>rd</sup> Floor, Superior Court Probation<br>Office 380    | 73.4              | 10.4   | 592                      | 0,1         | 20            | 0.01                          |
| 1000 | 3 <sup>rd</sup> Floor, District Attorneys Office 385             | 74.8              | 10.3   | 676                      | 0.1         | 17            | 0.012                         |
| 1015 | 3 <sup>rd</sup> Floor, Hall by District Attorneys<br>Office 385  | 74.3              | 10.3   | 621                      | 0.1         | 18            | 0.014                         |
| 1027 | 3 <sup>rd</sup> Floor, Superior Courtroom 5                      | 73.3              | 10.6   | 607                      | 0.1         | 15            | 0.003                         |
| 1038 | 3 <sup>rd</sup> Floor, Attorneys Lounge                          | 74.2              | 10.5   | 659                      | 0.1         | 21            | 0.013                         |
| 1052 | 2 <sup>nd</sup> Floor, Superior Courtroom 8                      | 73.6              | 10.7   | 599                      | 0           | 16            | 0.004                         |
| 1107 | 2 <sup>nd</sup> Floor, Jury Room 248                             | 76.5              | 10.5   | 639                      | 0.1         | 20            | 0.005                         |
| 1117 | 2 <sup>nd</sup> Floor, Chief Court Officer<br>Room 254           | 75.3              | 11.0   | 650                      | 0.1         | 20            | 0.003                         |
| 1131 | 2 <sup>nd</sup> Floor, Clerk of District Court,<br>Civil         | 76.3              | 10.9   | 607                      | 0.1         | 24            | 0.006                         |
| 1146 | 2 <sup>nd</sup> Floor, Upper Lobby, Outside<br>District Court 11 | 72.2              | 10.9   | 555                      | 0.1         | 19            | 0.009                         |
| 1200 | 2 <sup>nd</sup> Floor, District Courtroom 5                      | 73.0              | 11.0   | 541                      | 0           | 14            | 0.007                         |
| 1215 | 2 <sup>nd</sup> Floor, Witness Advocate 265                      | 75.0              | 10.6   | 572                      | 0           | 16            | 0.003                         |
| 1230 | 1st Floor, Court Service Center                                  | 73.3              | 11.1   | 563                      | 0           | 12            | 0.011                         |





## IAQ READINGS

| Date:                       | 01/12/22      | Location:     | 50 State St, Springfield MA |
|-----------------------------|---------------|---------------|-----------------------------|
| Project No.:                | 01275.007     | Project Name: | Air Quality Investigation,  |
| Industrial<br>Hygienist(s): | Michael Keady | _             | Springfield Hall of Justice |

| Тіме | LOCATION                                                    | <b>TEMP (</b> °F) | RH (%) | CO <sub>2</sub><br>(PPM) | CO<br>(PPM) | VOCs<br>(PPB) | PART.<br>(MG/M <sup>3</sup> ) |
|------|-------------------------------------------------------------|-------------------|--------|--------------------------|-------------|---------------|-------------------------------|
| 1242 | 1st Floor, Probation Room 167                               | 74.8              | 11.3   | 574                      | 0           | 19            | 0.007                         |
| 1251 | 1 <sup>st</sup> Floor, Hall by Room 159                     | 75.1              | 11.5   | 572                      | 0           | 14            | 0.006                         |
| 1303 | 1st Floor, Forensic Health Office                           | 74.5              | 11.2   | 530                      | 0           | 13            | 0.002                         |
| 1316 | 1st Floor, Bar Association                                  | 71.9              | 12.1   | 581                      | 0           | 13            | 0.005                         |
| 1330 | 1 <sup>st</sup> Floor, Hall by Men's Room 174               | 75.8              | 11.2   | 569                      | 0           | 11            | 0.005                         |
| 1343 | 1 <sup>st</sup> Floor, Clerk of District Court,<br>Criminal | 77.1              | 10.7   | 570                      | 0           | 21            | 0.006                         |
| 1356 | 1st Floor, Main Lobby, Next to Stairs                       | 67.1              | 13.6   | 522                      | 0           | 8             | 0.016                         |
| 1408 | Ground Level, G42 Mechanical<br>Room                        | 72.7              | 12.3   | 529                      | 0           | 6             | 0.011                         |
| 1420 | Ground Level, Hall by G45                                   | 71.6              | 11.8   | 494                      | 0           | 5             | 0.011                         |
| 1438 | Ground Level, Office G37                                    | 74.1              | 12.5   | 572                      | 0           | 7             | 0.01                          |
| 1450 | Ground Level, Snack Bar G52                                 | 70.6              | 12.8   | 506                      | 0           | 5             | 0.025                         |
| 1505 | Ground Level, Hall by G57                                   | 64.4              | 15.9   | 610                      | 0           | 0             | 0.011                         |



## **ATTACHMENT 2**

SIDEPAK PARTICULATE REPORT, GM460 SUMMARY REPORT & GRAPH





## 1/12/22 Report

Name: 1/12/22

**Description:** Aerosol Data

Location: 50 State St

Instrument Name: SidePak Aerosol

Monitor

**Device Model Number: AM520** 

**Device Serial Number: 5201834010** 

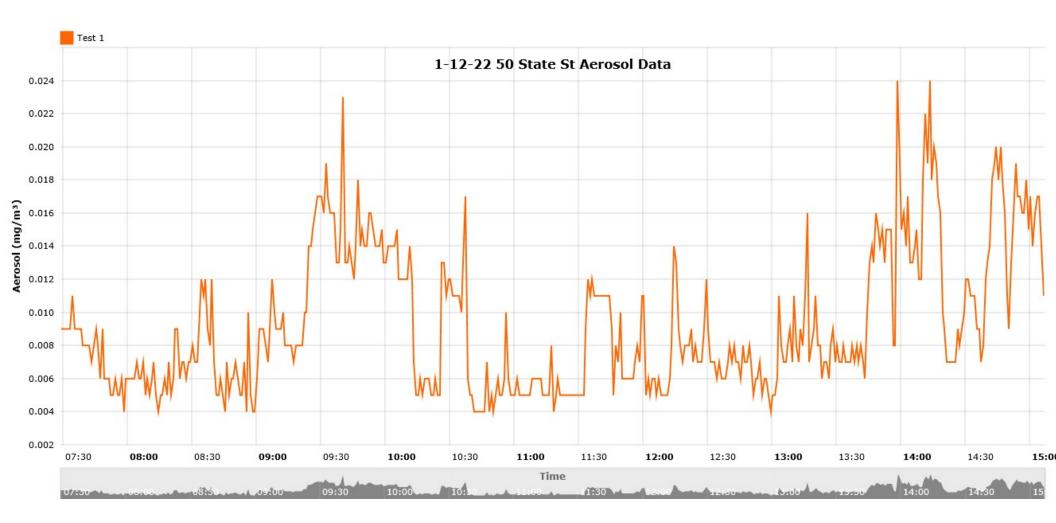
Firmware Version: A.08

**Last Factory Calibration: 3/12/2021** 

| Data Pr               | operties     |
|-----------------------|--------------|
| Start Date            | 1/12/2022    |
| Start Time            | 7:28 AM      |
| End Date              | 1/12/2022    |
| End Time              | 3:06 PM      |
| Test Length           | 00:07:38:00  |
| Logging Interval      | 60 second(s) |
| Number of Data Points | 458          |

| Additional Information                    |
|-------------------------------------------|
|                                           |
|                                           |
| There is no metadata related to this test |
|                                           |
|                                           |

| Test Statistics |         |            |            |            |       |  |  |  |  |
|-----------------|---------|------------|------------|------------|-------|--|--|--|--|
| Channel         | Average | Minimum    | Maximum    | Cal Factor | TWA   |  |  |  |  |
|                 |         | 0.004      | 0.024      | 1          |       |  |  |  |  |
| Aerosol (mg/m³) | 0.009   | 01/12/2022 | 01/12/2022 | Factory    | 0.009 |  |  |  |  |
|                 |         | 12:59:42   | 02:13:42   | 12/30/2021 |       |  |  |  |  |

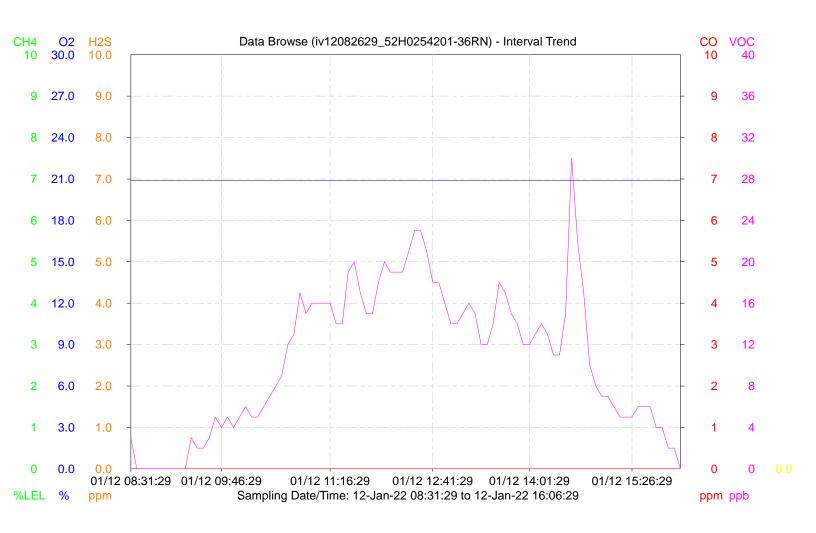


## **GM460 Data Logger (Interval Trend)**

Value

Property

|   | Name Sampling Date/Time Serial No. Station ID User ID Data Count Interval Time (sec) | iv12082629_52H0254201-36RN<br>1/12/2022 8:26:29 AM to 1/12/2022 4:06:33 PM<br>52H0254201-36RN<br>STATION_ID_001<br>USER_ID_001<br>92<br>300 |                |                |                |                |    |  |  |
|---|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----|--|--|
|   | Gas(FullScale)                                                                       | CH4(100%LEL)                                                                                                                                | O2(40.0%)      | H2S(100.0ppm)  | CO(500ppm)     | VOC(50000ppb)  | () |  |  |
|   | Avg                                                                                  | 0 %LEL                                                                                                                                      | 20.9 %         | 0.0 ppm        | 0 ppm          | 10 ppb         |    |  |  |
|   | Max                                                                                  | 0 %LEL                                                                                                                                      | 20.9 %         | 0.0 ppm        | 0 ppm          | 161 ppb        |    |  |  |
|   | Max Date/Time                                                                        | 01/12 08:26:29                                                                                                                              | 01/12 08:26:29 | 01/12 08:26:29 | 01/12 08:26:29 | 01/12 08:26:29 |    |  |  |
|   | Min                                                                                  | ****                                                                                                                                        | 20.9 %         | ****           | ****           | ****           |    |  |  |
|   | Min Date/Time                                                                        | ****                                                                                                                                        | 01/12 08:26:29 | ****           | ****           | ****           |    |  |  |
|   | Warning                                                                              | 10 %LEL                                                                                                                                     | 19.5 %         | 5.0 ppm        | 25 ppm         | 5000 ppb       |    |  |  |
|   | Alarm                                                                                | 50 %LEL                                                                                                                                     | 23.5 %         | 30.0 ppm       | 50 ppm         | 10000 ppb      |    |  |  |
|   | STEL                                                                                 | ****                                                                                                                                        | ****           | 5.0 ppm        | 200 ppm        | ****           |    |  |  |
|   | TWA                                                                                  | ****                                                                                                                                        | ****           | 1.0 ppm        | 25 ppm         | ****           |    |  |  |
| • |                                                                                      |                                                                                                                                             |                |                |                |                |    |  |  |



## **ATTACHMENT 3**

## EMSL MOLD AIR SAMPLING LABORATORY REPORT





5 Constitution Way, Unit A Woburn, MA 01801 Tel/Fax: (781) 933-8411 / (781) 933-8412 http://www.EMSL.com / bostonlab@emsl.com EMSL Order: 132200378 Customer ID: AXIO80

Customer PO: Project ID:

Phone: (781) 213-9198

Attention: Michael Keady

Axiom Partners, Inc.

50B Salem Street, Suite 103 Lynnfield, MA 01940 Fax: (781) 213-6992

 Collected Date:
 01/12/2022

 Received Date:
 01/14/2022

 Analyzed Date:
 01/21/2022

Project: 50 State Street

| Lab Sample Number:<br>Client Sample ID:<br>Volume (L):<br>Sample Location: | 4509188<br>75 |          |            | 132200378-0002<br>4509170<br>75<br>Registry of Deeds |          |            |           | 132200378-0003<br>4509109<br>75<br>Superior Court 4 |            |
|----------------------------------------------------------------------------|---------------|----------|------------|------------------------------------------------------|----------|------------|-----------|-----------------------------------------------------|------------|
| Spore Types                                                                | Raw Count     | Count/m³ | % of Total | Raw Count                                            | Count/m³ | % of Total | Raw Count | Count/m³                                            | % of Total |
| Alternaria (Ulocladium)                                                    | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Ascospores                                                                 | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Aspergillus/Penicillium                                                    | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Basidiospores                                                              | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Bipolaris++                                                                | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Chaetomium++                                                               | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Cladosporium                                                               | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Curvularia                                                                 | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Epicoccum                                                                  | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Fusarium++                                                                 | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Ganoderma                                                                  | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Myxomycetes++                                                              | 2             | 90       | 100        | 1                                                    | 40       | 100        | -         | -                                                   | -          |
| Pithomyces++                                                               | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Rust                                                                       | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Scopulariopsis/Microascus                                                  | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Stachybotrys/Memnoniella                                                   | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Unidentifiable Spores                                                      | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Zygomycetes                                                                | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Total Fungi                                                                | 2             | 90       | 100        | 1                                                    | 40       | 100        | -         | None Detected                                       | -          |
| Hyphal Fragment                                                            | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Insect Fragment                                                            | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Pollen                                                                     | -             | -        | -          | -                                                    | -        | -          | -         | -                                                   | -          |
| Analyt. Sensitivity 600x                                                   | -             | 43       | -          | -                                                    | 43       | -          | -         | 43                                                  | -          |
| Analyt. Sensitivity 300x                                                   | -             | 13*      | -          | -                                                    | 13*      | -          | -         | 13*                                                 | -          |
| Skin Fragments (1-4)                                                       | -             | 1        | -          | -                                                    | 1        | -          | -         | 1                                                   | -          |
| Fibrous Particulate (1-4)                                                  | -             | 1        | -          | -                                                    | 1        | -          | -         | 1                                                   | -          |
| Background (1-5)                                                           | -             | 1        | _          | -                                                    | 1        | _          | -         | 1                                                   | -          |

++ Includes other spores with similar morphology; see EMSL's fungal glossary for each specific category.

No discernable field blank was submitted with this group of samples.

St. F. Su

Steve Grise, 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. Samples are within quality control criteria and met method specifications unless otherwise noted.

High levels of background particulate can obscure spores and other particulates, leading to underestimation. Background levels of 5 indicate an overloading of background particulates, prohibiting accurate detection and quantification.

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Samples analyzed by EMSL Analytical, Inc. Woburn, MA AlHA-LAP, LLC-EMLAP Accredited #180179



5 Constitution Way, Unit A Woburn, MA 01801 Tel/Fax: (781) 933-8411 / (781) 933-8412 http://www.EMSL.com / bostonlab@emsl.com EMSL Order: 132200378 Customer ID: AXIO80

Customer PO: Project ID:

Phone: (781) 213-9198

Attention: Michael Keady

Axiom Partners, Inc.

50B Salem Street, Suite 103 Lynnfield, MA 01940 Fax: (781) 213-6992

 Collected Date:
 01/12/2022

 Received Date:
 01/14/2022

 Analyzed Date:
 01/21/2022

Project: 50 State Street

| Test Report: Allergenco-D(™) Analysis of Fungal Spores & Particulates by Optical Microscopy (Methods MICRO-SOP-201, ASTM D7391) |                   |          |            |                                                  |               |            |           |                                                                   |            |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|------------|--------------------------------------------------|---------------|------------|-----------|-------------------------------------------------------------------|------------|
| Lab Sample Number:<br>Client Sample ID:<br>Volume (L):<br>Sample Location:                                                      | : 4449735<br>: 75 |          |            | 132200378-0005<br>4509181<br>75<br>Jury Room 248 |               |            |           | 132200378-0006<br>4509192<br>75<br>Clerk of District Court, Civil |            |
| Spore Types                                                                                                                     | Raw Count         | Count/m³ | % of Total | Raw Count                                        | Count/m³      | % of Total | Raw Count | Count/m³                                                          | % of Total |
| Alternaria (Ulocladium)                                                                                                         | -                 | -        | · -        | -                                                | · -           | -          | -         | -                                                                 | ' -        |
| Ascospores                                                                                                                      | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Aspergillus/Penicillium                                                                                                         | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Basidiospores                                                                                                                   | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Bipolaris++                                                                                                                     | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Chaetomium++                                                                                                                    | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Cladosporium                                                                                                                    | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Curvularia                                                                                                                      | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Epicoccum                                                                                                                       | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Fusarium++                                                                                                                      | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Ganoderma                                                                                                                       | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Myxomycetes++                                                                                                                   | 1                 | 40       | 100        | -                                                | -             | -          | -         | -                                                                 | -          |
| Pithomyces++                                                                                                                    | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Rust                                                                                                                            | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Scopulariopsis/Microascus                                                                                                       | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Stachybotrys/Memnoniella                                                                                                        | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Unidentifiable Spores                                                                                                           | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Zygomycetes                                                                                                                     | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Total Fungi                                                                                                                     | 1                 | 40       | 100        | -                                                | None Detected | -          | -         | None Detected                                                     | -          |
| Hyphal Fragment                                                                                                                 | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Insect Fragment                                                                                                                 | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Pollen                                                                                                                          | -                 | -        | -          | -                                                | -             | -          | -         | -                                                                 | -          |
| Analyt. Sensitivity 600x                                                                                                        | -                 | 43       | -          | -                                                | 43            | -          | -         | 43                                                                | -          |
| Analyt. Sensitivity 300x                                                                                                        | -                 | 13*      | -          | -                                                | 13*           | -          | -         | 13*                                                               | -          |
| Skin Fragments (1-4)                                                                                                            | -                 | -        | -          | -                                                | 1             | -          | -         | 1                                                                 | -          |
| Fibrous Particulate (1-4)                                                                                                       | -                 | -        | -          | -                                                | 1             | -          | -         | -                                                                 | -          |
| Background (1-5)                                                                                                                | -                 | 1        | -          | -                                                | 1             | -          | -         | 1                                                                 | -          |

++ Includes other spores with similar morphology; see EMSL's fungal glossary for each specific category.

No discernable field blank was submitted with this group of samples.

Steve Grise, Laboratory Manager or other Approved Signatory

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Customer PO: Project ID:

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Attention: Michael Keady

Axiom Partners, Inc.

50B Salem Street, Suite 103 Lynnfield, MA 01940 Collected Date: 01/12/2022 Received Date: 01/14/2022

Analyzed Date: 01/21/2022

Project: 50 State Street

| Test Report: Allergenco-D(™) Analysis of Fungal Spores & Particulates by Optical Microscopy (Methods MICRO-SOP-201, ASTM D7391) |           |                                                    |            |           |                                                    |           |                                                        |               |   |  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|------------|-----------|----------------------------------------------------|-----------|--------------------------------------------------------|---------------|---|--|
| Lab Sample Number:<br>Client Sample ID:<br>Volume (L):<br>Sample Location:                                                      |           | 32200378-0007<br>4509136<br>75<br>urt Service Cent | er         |           | 32200378-0008<br>4509097<br>75<br>ensic Health Off |           | 132200378-0009<br>4449730<br>75<br>G42 Mechanical Room |               |   |  |
| Spore Types                                                                                                                     | Raw Count | Count/m³                                           | % of Total | Raw Count | Count/m³                                           | Raw Count | Count/m³                                               | % of Total    |   |  |
| Alternaria (Ulocladium)                                                                                                         | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             |   |  |
| Ascospores                                                                                                                      | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Aspergillus/Penicillium                                                                                                         | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Basidiospores                                                                                                                   | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Bipolaris++                                                                                                                     | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Chaetomium++                                                                                                                    | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Cladosporium                                                                                                                    | 1         | 40                                                 | 50         | -         | -                                                  | -         | -                                                      | -             | - |  |
| Curvularia                                                                                                                      | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Epicoccum                                                                                                                       | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Fusarium++                                                                                                                      | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Ganoderma                                                                                                                       | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Myxomycetes++                                                                                                                   | 1         | 40                                                 | 50         | 1         | 40                                                 | 100       | -                                                      | -             | - |  |
| Pithomyces++                                                                                                                    | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Rust                                                                                                                            | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Scopulariopsis/Microascus                                                                                                       | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Stachybotrys/Memnoniella                                                                                                        | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Unidentifiable Spores                                                                                                           | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Zygomycetes                                                                                                                     | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Total Fungi                                                                                                                     | 2         | 80                                                 | 100        | 1         | 40                                                 | 100       | -                                                      | None Detected | - |  |
| Hyphal Fragment                                                                                                                 | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Insect Fragment                                                                                                                 | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Pollen                                                                                                                          | -         | -                                                  | -          | -         | -                                                  | -         | -                                                      | -             | - |  |
| Analyt. Sensitivity 600x                                                                                                        | -         | 43                                                 | -          | -         | 43                                                 | -         | -                                                      | 43            | - |  |
| Analyt. Sensitivity 300x                                                                                                        | -         | 13*                                                | -          | -         | 13*                                                | -         | -                                                      | 13*           | - |  |
| Skin Fragments (1-4)                                                                                                            | -         | 1                                                  | -          | -         | 1                                                  | -         | -                                                      | 1             | - |  |
| Fibrous Particulate (1-4)                                                                                                       | -         | 1                                                  | -          | -         | 1                                                  | -         | -                                                      | 1             | - |  |
| Background (1-5)                                                                                                                | -         | 1                                                  | -          | -         | 1                                                  | -         | -                                                      | 1             | - |  |

++ Includes other spores with similar morphology; see EMSL's fungal glossary for each specific category.

No discernable field blank was submitted with this group of samples.

Stu F. Su

Steve Grise, Laboratory Manager or other Approved Signatory

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Received Date: 01/14/2022
Analyzed Date: 01/21/2022

Project: 50 State Street

Test Report: Allergenco-D(™) Analysis of Fungal Spores & Particulates by Optical Microscopy (Methods MICRO-SOP-201, ASTM D7391) Lab Sample Number 132200378-0010 132200378-0011 132200378-0012 Client Sample ID: 4509144 4509095 4509098 Volume (L): 75 75 75 Sample Location G37 Office **Building Exterior, Main Entrance Building Extreior, State St Sidewalk Raw Count** Count/m<sup>3</sup> Spore Types **Raw Count** Count/m<sup>3</sup> % of Total **Raw Count** Count/m³ % of Total % of Total Alternaria (Ulocladium) Ascospores Aspergillus/Penicillium 40 40 2 90 31 50 100 Basidiospores 1 Bipolaris++ Chaetomium++ Cladosporium 200 69 Curvularia **Epicoccum** Fusarium++ Ganoderma Myxomycetes++ Pithomyces++ Scopulariopsis/Microascus Stachybotrys/Memnoniella Unidentifiable Spores 40 50 Zygomycetes Total Fungi 290 100 80 100 40 100 Hyphal Fragment Insect Fragment Pollen Analyt. Sensitivity 600x 43 43 43 13\* Analyt. Sensitivity 300x 13\* 13\* Skin Fragments (1-4) 1

++ Includes other spores with similar morphology; see EMSL's fungal glossary for each specific category.

1

1

No discernable field blank was submitted with this group of samples.

Fibrous Particulate (1-4)

Background (1-5)

St. P. Ju

Steve Grise, Laboratory Manager or other Approved Signatory

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## Microbiology Chain of Custody Form EMSL Order Number / Lab Use Only

132200378

EMSL Analytical, Inc. 5A Constitution Way Woburn, MA 01801

PHONE: (781) 933-8411

EMAIL: hostonlab@emsl.com

|                                                        |                                                                                                                                                                                                              |                                           |                                                                                                                        |                                               |                        |                                                        |                            | If Bal  | -To is the | same es Rep                      | oxt-To le                                            | are this s                                         | ection t        | blank. T       |                |                    | ritten authorization.         |  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------|--------------------------------------------------------|----------------------------|---------|------------|----------------------------------|------------------------------------------------------|----------------------------------------------------|-----------------|----------------|----------------|--------------------|-------------------------------|--|
| Customer ID:                                           |                                                                                                                                                                                                              |                                           |                                                                                                                        |                                               |                        |                                                        | Billing I                  | ıg ID:  |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
| uoj                                                    | Company Name: Axion Partners                                                                                                                                                                                 |                                           |                                                                                                                        |                                               |                        | _                                                      | Company Name:              |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
| mat                                                    | Contact Name. Michael Keady                                                                                                                                                                                  |                                           |                                                                                                                        |                                               |                        | atloi                                                  | Billing Contact:           |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
| nfor                                                   | Contact Name: Axiom Partners  Contact Name: Michael Keady  Street Address: 50 b Salem St  City, State, Zip: Lynnfield, MA, Olayo Country: USA  Phone: 781-690-4044                                           |                                           |                                                                                                                        |                                               |                        | Billing Information                                    | Street Address:            |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
| nerl                                                   | City, State, Zip: Lynnfield, MA, 01940 Country: USA                                                                                                                                                          |                                           |                                                                                                                        |                                               |                        | Ē                                                      | City, State, Zip: Country: |         |            |                                  |                                                      |                                                    |                 |                | Country:       |                    |                               |  |
| Phone:                                                 |                                                                                                                                                                                                              |                                           |                                                                                                                        |                                               | Phone:                 |                                                        |                            |         |            |                                  |                                                      |                                                    | _               |                |                |                    |                               |  |
| ü                                                      | Email(s) for Report:                                                                                                                                                                                         | 690-4049<br>ukendy@axioneru.ca            | - 42                                                                                                                   | and                                           |                        |                                                        |                            | Email/s | s) for inv | Mulce.                           |                                                      |                                                    |                 |                |                |                    |                               |  |
| emacaithur@axiomenu. Com                               |                                                                                                                                                                                                              |                                           |                                                                                                                        |                                               |                        |                                                        |                            |         | ,          |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
|                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                        |                                           |                                                                                                                        | F                                             | Proje                  | ect Info                                               | rma                        | tion    |            |                                  |                                                      |                                                    | _               |                |                |                    |                               |  |
| Project<br>Name/No: 01275.007 - 50 State S             |                                                                                                                                                                                                              |                                           |                                                                                                                        |                                               | $S_{n}$                | L                                                      | Purchase<br>Order:         |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
|                                                        | . LIMS Project ID:<br>cable, EMSL will                                                                                                                                                                       | -                                         | State<br>Sample                                                                                                        | 25                                            |                        | Zip Code State of Connecticut (CT) must select Samples |                            |         |            |                                  |                                                      |                                                    | must select pri | oject location |                |                    |                               |  |
| provide                                                | )                                                                                                                                                                                                            |                                           | Collected: Collected::                                                                                                 |                                               |                        |                                                        |                            |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
| Samp                                                   | Micha                                                                                                                                                                                                        | el Keady                                  | Sampled By Signalure:                                                                                                  |                                               |                        |                                                        |                            |         |            |                                  | No. of Samples<br>in Shipment                        |                                                    |                 |                |                |                    |                               |  |
|                                                        | Sterile,                                                                                                                                                                                                     | Sodium Thiosulfate Preserved Bottle Us    |                                                                                                                        | Blocide U                                     |                        |                                                        |                            | • •     |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
| _                                                      |                                                                                                                                                                                                              | Public Water Supply Samp                  |                                                                                                                        | Note: All                                     |                        |                                                        |                            |         |            |                                  |                                                      |                                                    | <u></u>         |                |                | la code samoles mu | st be submitted by 11:30am,   |  |
|                                                        | 3 Hour                                                                                                                                                                                                       | Turn-Around-Time                          | <b>-</b> 1                                                                                                             | Hour                                          |                        | 48 Hou                                                 |                            |         | _          | Hour                             | Γ                                                    |                                                    | Hour            | . Se IUI'l     | 1              | 1 Weck             | 2 Wook                        |  |
|                                                        |                                                                                                                                                                                                              |                                           |                                                                                                                        |                                               | <br>OBIC               |                                                        |                            | T CODI  |            |                                  |                                                      | <del>_</del>                                       |                 |                |                | 1                  |                               |  |
| M001                                                   | Air-O-Cell                                                                                                                                                                                                   | M174 MoldSnap                             | M012 /                                                                                                                 | Seudomonas                                    | s ae                   | ruginos                                                | (P/                        | (A***)  |            |                                  |                                                      | 4115 Se                                            | wage            | Scre           | en - W         | ater (P/A)         | <del>-</del>                  |  |
| M030                                                   | Mold Snap                                                                                                                                                                                                    | M032 Allergenco-D                         | M024 /                                                                                                                 | Pseudomonas                                   | s ae                   | ruginos                                                | (M                         | FT*)    |            |                                  | Į                                                    | 1116 Se                                            | wage            | Scre           | ел - W         | ater (MPN**)       | į                             |  |
| M041                                                   | Fungal Direct Examin                                                                                                                                                                                         | ation                                     | M015 }                                                                                                                 | Heterotrophic                                 | Plat                   | ie Coun                                                | t                          |         |            |                                  | , h                                                  | M117 Sewage Screen - Swab (P/A***)                 |                 |                |                |                    |                               |  |
| M169                                                   | Pollen ID & Enumeral                                                                                                                                                                                         | ion                                       | M017 Total Coliform & E. Coli (Colilert P/A***)                                                                        |                                               |                        |                                                        |                            |         | M          | M013 Sewage Screen - Swab (MFT*) |                                                      |                                                    |                 |                |                |                    |                               |  |
|                                                        | Dust Characterization                                                                                                                                                                                        |                                           | M018 Total Coliform & E. Coli (MFT*)                                                                                   |                                               |                        |                                                        |                            |         |            |                                  |                                                      | M730 Methicillin-resistant Staph, aureus (MRSA)    |                 |                |                |                    |                               |  |
|                                                        |                                                                                                                                                                                                              |                                           | 114 Total Coliform & E. Coli Enumeration (Colliert MPN**)  M031 Rapid-growing non-TB Mycobactera Detection Enumeration |                                               |                        |                                                        |                            |         |            |                                  | 7a Detection &                                       |                                                    |                 |                |                |                    |                               |  |
|                                                        |                                                                                                                                                                                                              |                                           | 019 Fecal Coliform (MFT*) - Limited Streptococcus (MFT*) M014 Endotoxin Analysis                                       |                                               |                        |                                                        |                            |         |            |                                  |                                                      |                                                    | ^ -             |                |                |                    |                               |  |
| Cladesperium Stachyhotous Species ID & Count)          |                                                                                                                                                                                                              |                                           | M029 Enterococci (MFT*)                                                                                                |                                               |                        |                                                        |                            |         |            | - 1                              | M044 Group Allergen (Cat, Dog, Cockroach, Dust Mite) |                                                    |                 |                |                |                    |                               |  |
|                                                        |                                                                                                                                                                                                              |                                           | M129 Enterococci (Enterolert P/A***)                                                                                   |                                               |                        |                                                        |                            |         |            | - 1                              | M095 Bacteroides                                     |                                                    |                 |                |                |                    |                               |  |
|                                                        | •                                                                                                                                                                                                            | ace Samples (Includes <i>Penicilium</i> , | M180 Real Time qPCR-ERMI 36 Panel                                                                                      |                                               |                        |                                                        |                            |         |            |                                  | )ther - S                                            | See A                                              | nalytic         | al Pric        | æ Guide for Te | st Code            |                               |  |
| Aspe                                                   | rgillus, Cladosporium,                                                                                                                                                                                       | Stachybotrys Species ID & Count)          | M025 Sewage Screen - Water (MFT*)                                                                                      |                                               |                        |                                                        |                            |         |            |                                  | L                                                    | Legionella Analysis Please use EMSL Legionella COC |                 |                |                |                    |                               |  |
| M009                                                   | Bacteria Culture Gran                                                                                                                                                                                        | n Stain & Count                           | *MFT= Membrane Filtration Technique                                                                                    |                                               |                        |                                                        |                            |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
| M010                                                   | Bactena Count & ID -                                                                                                                                                                                         | 3 Most Prominent                          | **MPN = Most Probable Number                                                                                           |                                               |                        |                                                        |                            |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
| M011                                                   | Bacteria Count & ID -                                                                                                                                                                                        | 5 Most Prominent                          | P/A                                                                                                                    | = Presence/A                                  | Abse                   | nce                                                    |                            |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
|                                                        | Sample #                                                                                                                                                                                                     | Sample Location/Description               |                                                                                                                        | nple Type<br>Matrix)                          |                        | otable<br>otable<br>Wa                                 |                            | ,       |            |                                  | Vo                                                   | /olume/Area   Date / Time Col                      |                 |                | e / Tin        | ne Collected       | Temperature<br>(Lab Use Only) |  |
| Ex                                                     | ample: Sample 1                                                                                                                                                                                              | Kitchen                                   |                                                                                                                        | Water                                         |                        | Po                                                     | table                      | )       | M017       |                                  | •                                                    | 1,000 ml 1/1/2                                     |                 | /1/202         | 021 3:30pm     |                    |                               |  |
|                                                        | 09188                                                                                                                                                                                                        | Jury Pool                                 | A                                                                                                                      | <u>'(                                    </u> | -                      |                                                        |                            |         | M032       |                                  |                                                      | 75 L 1/12/3                                        |                 | 12/2           | 2 07:32        |                    |                               |  |
| <u> 4</u>                                              | 509170                                                                                                                                                                                                       | Kegistry of Deeds                         | _                                                                                                                      |                                               | _                      |                                                        |                            |         |            |                                  |                                                      |                                                    |                 |                |                | 08:45              |                               |  |
| L                                                      | 1509109                                                                                                                                                                                                      | Registry of Oceds<br>Surerior Court 4     |                                                                                                                        |                                               |                        |                                                        |                            |         |            |                                  |                                                      |                                                    |                 | Ш              |                | 09:20              |                               |  |
|                                                        | 449735                                                                                                                                                                                                       | Superior Court 5                          |                                                                                                                        |                                               |                        |                                                        |                            |         | <u> </u>   |                                  |                                                      |                                                    |                 |                | L              | 10:25              |                               |  |
| 4                                                      | 509181                                                                                                                                                                                                       | Jury Room 248                             |                                                                                                                        | /                                             |                        |                                                        |                            |         |            | ,                                |                                                      | $\downarrow$                                       |                 | L <sub>1</sub> | <u></u>        | 11:02              |                               |  |
| 4509192 Clerk of District                              |                                                                                                                                                                                                              |                                           |                                                                                                                        |                                               |                        |                                                        | U                          |         |            | 1                                |                                                      |                                                    |                 | 1025           |                |                    |                               |  |
|                                                        | Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)  REC'D_\$\subseteq \text{L} \subseteq \text{REC'D} \text{S2O} \text{JAN 1 4 2022} |                                           |                                                                                                                        |                                               |                        |                                                        |                            |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
| Metho                                                  | od of Shipment:                                                                                                                                                                                              |                                           |                                                                                                                        |                                               |                        |                                                        |                            | Sample  | Condit     | ion Upon F                       | (édei)                                               | <del>:-BO</del> ;                                  |                 |                |                | . ,                | -                             |  |
| Refinquished by: Michael Mandy Date/Time: 1-14-53/8:00 |                                                                                                                                                                                                              |                                           |                                                                                                                        |                                               | Received by: Date/Time |                                                        |                            |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
|                                                        |                                                                                                                                                                                                              |                                           | Date/Time: Received by:                                                                                                |                                               |                        |                                                        |                            |         | Date/Time  |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |
| Controlled Document - COC-34 Micm R11 1/28/07/1        |                                                                                                                                                                                                              |                                           |                                                                                                                        |                                               |                        | 300 100                                                |                            |         |            |                                  |                                                      |                                                    |                 |                |                |                    |                               |  |

2

## ustody Form

EMSL Analytical, Inc. 200 Route 130 North Cinnaminson, NJ 08077

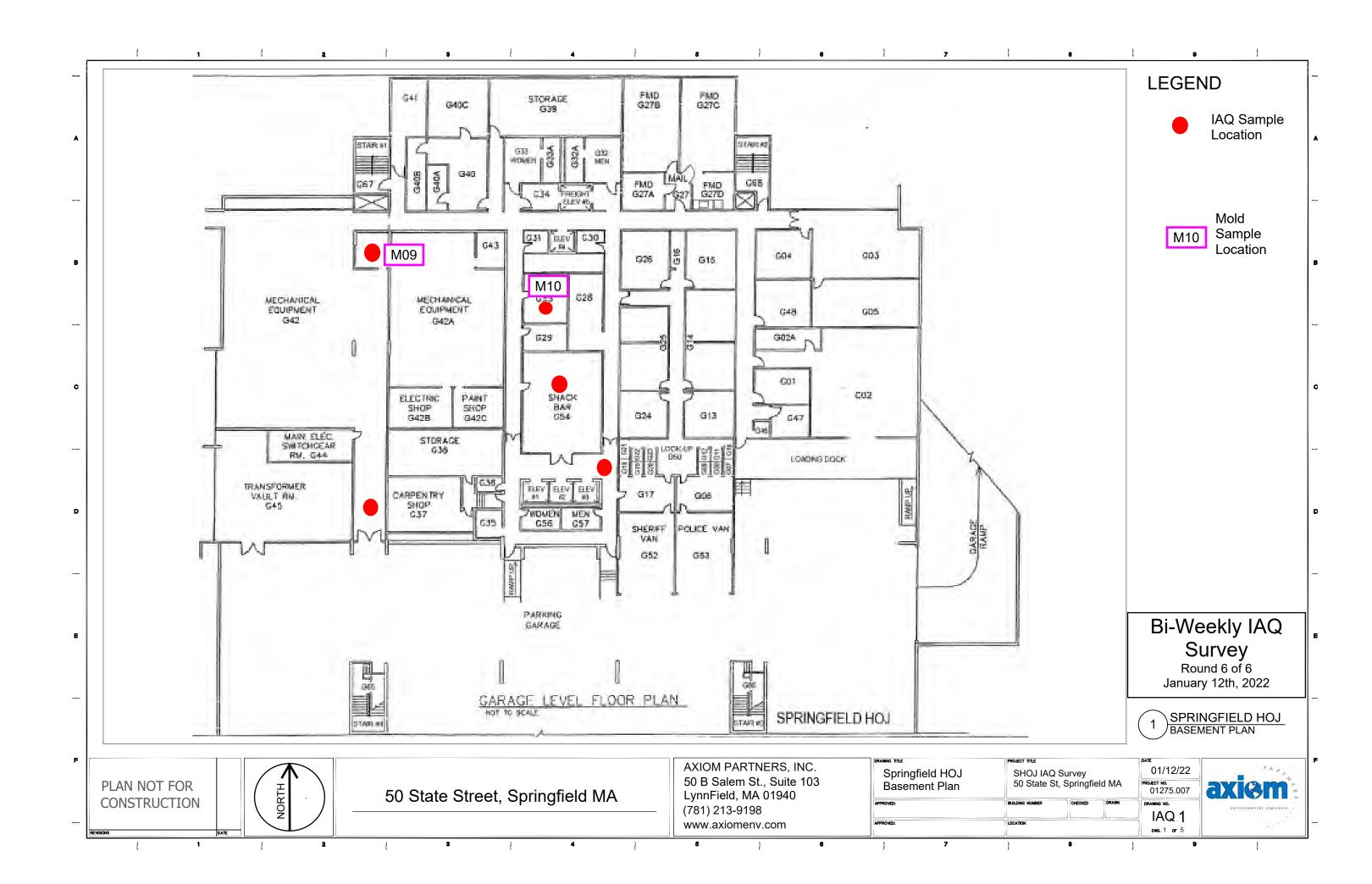
| EMSL                                                        | Microbiology Chain of Co      |  |  |  |  |  |  |  |
|-------------------------------------------------------------|-------------------------------|--|--|--|--|--|--|--|
| <b>—</b>                                                    | FMSL Order Number / Lab Use Q |  |  |  |  |  |  |  |
| EMSL ANALYTICAL, INC.<br>TESTING LABS - PRODUCTS - TRAINING | 1322003                       |  |  |  |  |  |  |  |

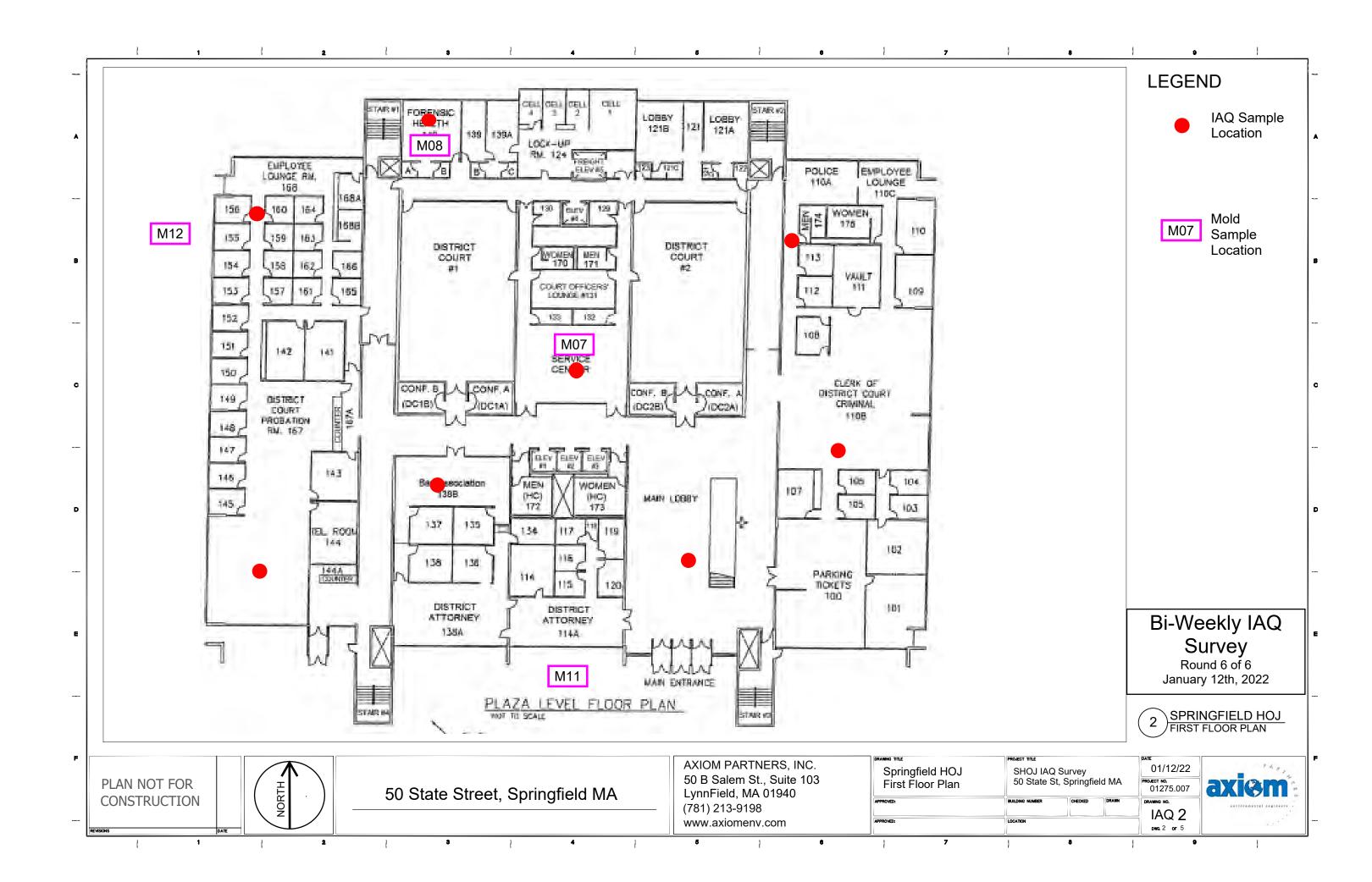
PHONE: (800) 220-3675 FMAII · CinnMicroLab@emsl.com

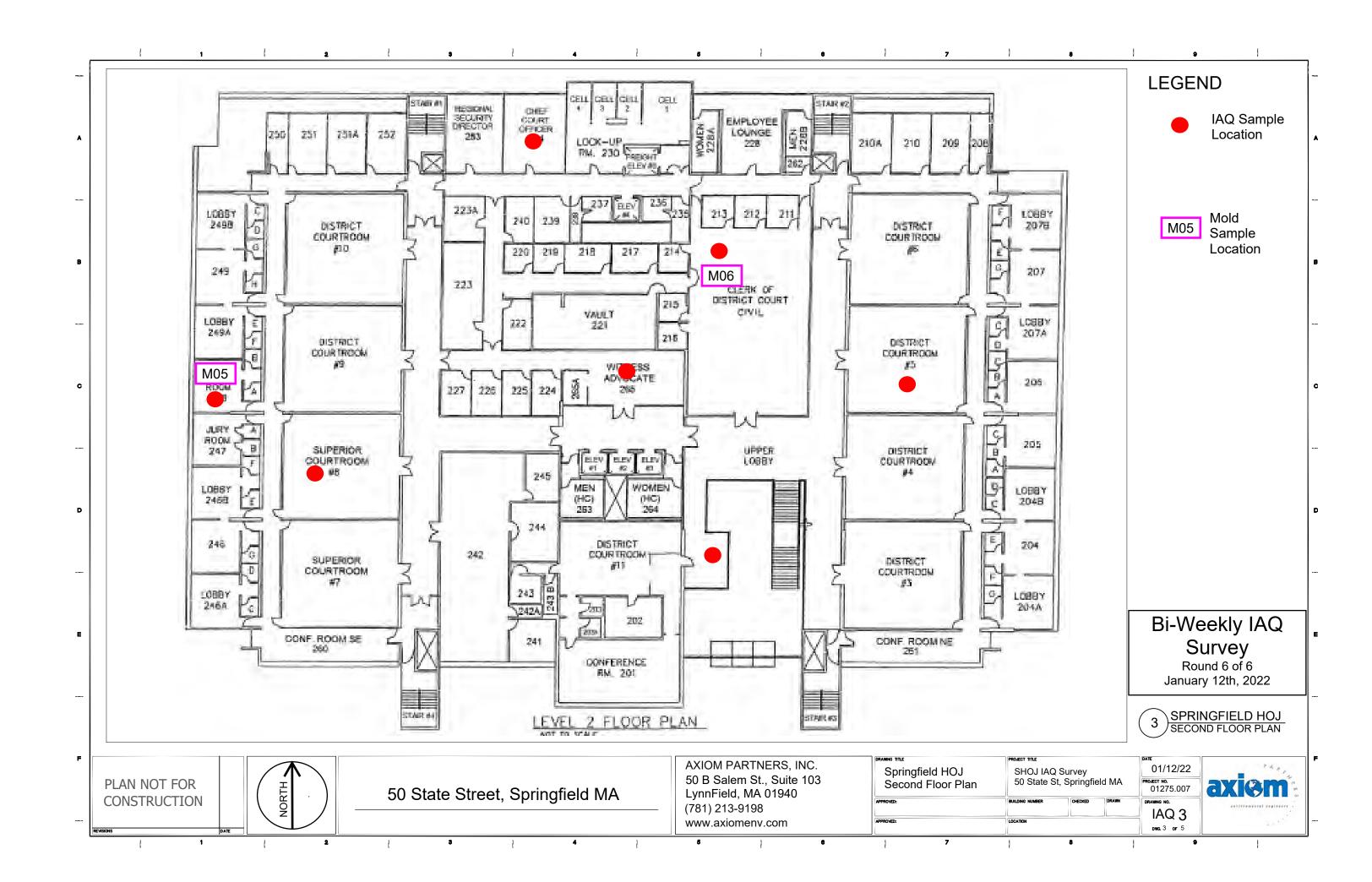
| additional Pages of the Chain of Cu | stody are only necessary If needed for additional sar  | nple Information                                 |                                                                                                                           |                                                  |                                                  |                          | IAIL. O           |                               |  |  |  |
|-------------------------------------|--------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------|-------------------|-------------------------------|--|--|--|
|                                     | Special Instructions and/or R                          | egulatory Requirements                           | s (Sample Specification                                                                                                   | s, Processing Met                                | hods, Limits of Detec                            | ction, etc.)             |                   | _                             |  |  |  |
|                                     |                                                        |                                                  |                                                                                                                           |                                                  |                                                  |                          |                   |                               |  |  |  |
|                                     |                                                        |                                                  |                                                                                                                           |                                                  |                                                  |                          |                   |                               |  |  |  |
| Sample #                            | Sample Location/Description                            | Sample Type<br>(Matrix)                          | Potable / Non-<br>Potable (Only for<br>Water)                                                                             | Test Code                                        | Volume/Area                                      | Date / Tin               | ne Collected      | Temperature<br>(Lab Use Only) |  |  |  |
| 4509136                             | Forensie Health Office<br>Gyz Mechanical<br>Room       | Air                                              |                                                                                                                           | M032                                             | 75 L                                             | 1/2/22                   | 12:25             |                               |  |  |  |
| 4509097                             | Forensie Health Office                                 | e                                                |                                                                                                                           |                                                  |                                                  |                          | 13:00             |                               |  |  |  |
| 4499730                             | 642 Mechanical                                         |                                                  |                                                                                                                           |                                                  |                                                  |                          | 14:06             | <u> </u>                      |  |  |  |
| 450a 144                            | 16 Delice                                              | 1 1                                              |                                                                                                                           | 1 / _                                            |                                                  | 1                        | 14:30             |                               |  |  |  |
| 4509695                             | Building Exterior                                      |                                                  |                                                                                                                           |                                                  |                                                  | [ { , ]                  | 15:15             |                               |  |  |  |
| 459695<br>4509098                   | Building Exterior, Building Exterior, State St Sidewal | K V                                              |                                                                                                                           | V                                                | W_                                               | U                        | 15:27             |                               |  |  |  |
|                                     | _                                                      |                                                  |                                                                                                                           |                                                  |                                                  |                          |                   | <u>-</u>                      |  |  |  |
|                                     |                                                        |                                                  |                                                                                                                           |                                                  | _                                                |                          |                   |                               |  |  |  |
|                                     |                                                        |                                                  |                                                                                                                           |                                                  |                                                  |                          |                   |                               |  |  |  |
|                                     |                                                        |                                                  |                                                                                                                           |                                                  |                                                  |                          |                   |                               |  |  |  |
|                                     |                                                        | -                                                |                                                                                                                           |                                                  | -                                                |                          |                   | page 1                        |  |  |  |
|                                     |                                                        |                                                  |                                                                                                                           |                                                  |                                                  |                          |                   |                               |  |  |  |
|                                     |                                                        | <del>                                     </del> |                                                                                                                           |                                                  |                                                  |                          |                   |                               |  |  |  |
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|                                     |                                                        | <del> </del>                                     | <del>  -</del>                                                                                                            | <del> </del>                                     | <del>_</del> .                                   |                          |                   |                               |  |  |  |
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|                                     |                                                        | <del> </del>                                     | <del>                                     </del>                                                                          | <del>                                     </del> |                                                  |                          |                   | <del>_</del>                  |  |  |  |
|                                     |                                                        | <del>  -</del>                                   | <del>                                     </del>                                                                          |                                                  |                                                  | <del> </del> -           |                   |                               |  |  |  |
|                                     |                                                        | <del> </del>                                     | <del>  -</del>                                                                                                            |                                                  | <u> </u>                                         |                          |                   |                               |  |  |  |
|                                     | <u> </u>                                               |                                                  |                                                                                                                           | -                                                |                                                  |                          |                   |                               |  |  |  |
| <del></del>                         | <del>  _</del>                                         | <del></del>                                      | <u> </u>                                                                                                                  | <del> </del>                                     | <del>                                     </del> | <del> </del>             |                   |                               |  |  |  |
|                                     |                                                        | <del> </del>                                     | <del>  -</del>                                                                                                            | <del> </del>                                     | <del> </del>                                     | -                        |                   |                               |  |  |  |
|                                     |                                                        |                                                  |                                                                                                                           | <del>-</del>                                     |                                                  | <del>  -</del>           |                   | <del></del>                   |  |  |  |
|                                     |                                                        | +                                                |                                                                                                                           |                                                  |                                                  | <del>  -</del>           |                   |                               |  |  |  |
| <del></del>                         |                                                        |                                                  | <del>  -</del>                                                                                                            | _                                                | <u> </u>                                         |                          |                   |                               |  |  |  |
| Method of Shipment:                 |                                                        | <u> </u>                                         | Samo                                                                                                                      | e Condition Upon                                 | Receipt:                                         | <u> </u>                 |                   |                               |  |  |  |
| <u> </u>                            | 7. 1.                                                  | Date/Time                                        | Recei                                                                                                                     | ved by:                                          | EMSL-BOSTO                                       | الا <del>لالا الاس</del> | 1.4.202           | 2                             |  |  |  |
| Relinquished by:                    | hoel Keady                                             | Date/Time:                                       |                                                                                                                           | ved by:                                          | EM2F-DO210                                       |                          | Date/Time         |                               |  |  |  |
| Controlled Document - COC-34 Mic    | ro R13 3/02/2021                                       | <del>- </del> -                                  | AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.) |                                                  |                                                  |                          |                   |                               |  |  |  |
|                                     | <u> </u>                                               | AGREE TO ELECTR                                  | ONIC SIGNATURE (By c                                                                                                      | necking, I consent to                            | signing this Chain of (                          | Custody docu             | ment by electroni | c signature.)                 |  |  |  |

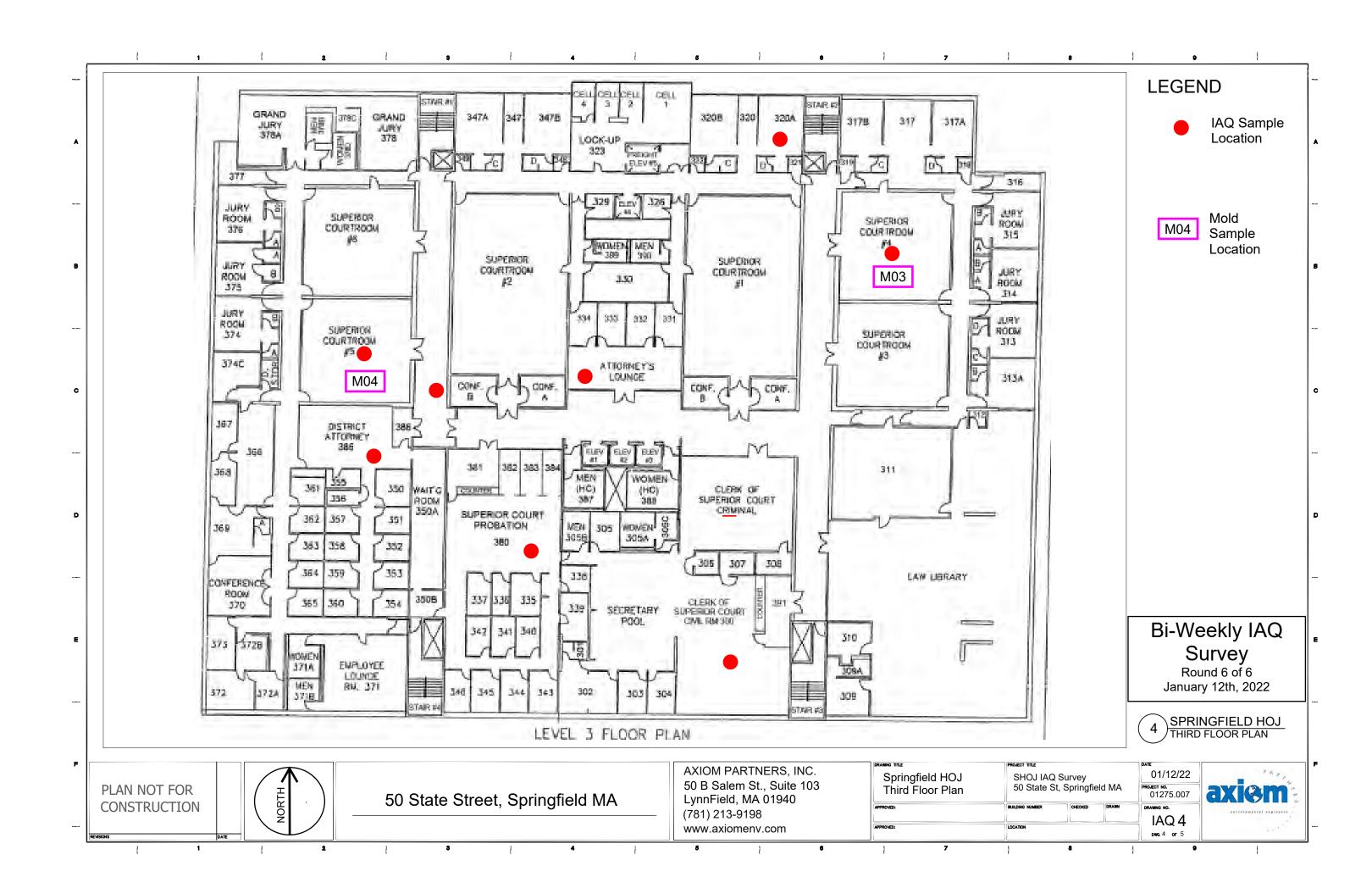
# ATTACHMENT 4 Sample Location Floor Plans

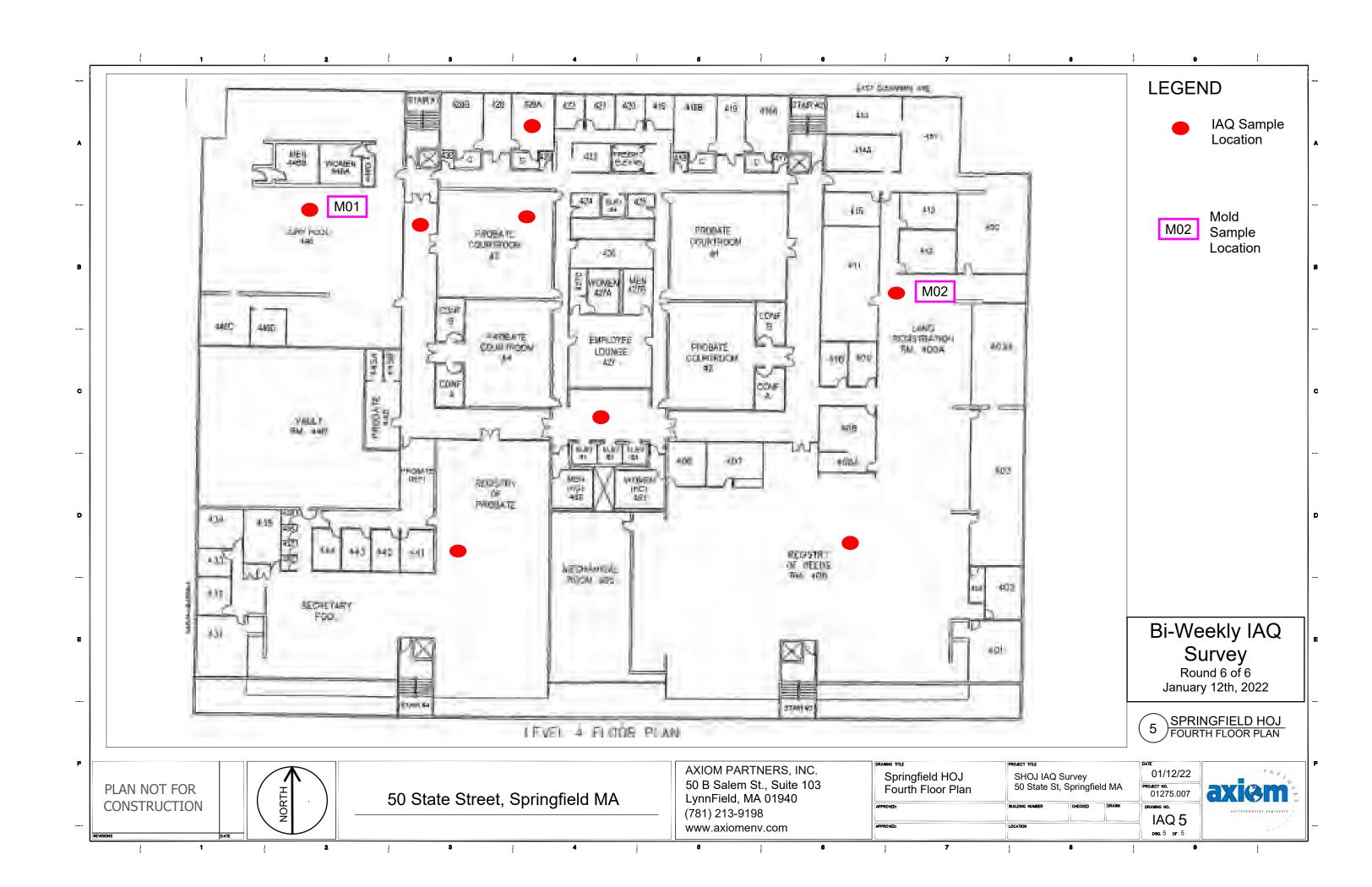












# ATTACHMENT 5 TVOC CONCENTRATION REFERENCE TABLE



## TVOC INDOOR AIR CONCENTRATION REFERENCE GUIDE

| TVOC Level<br>ug/m3                | Level of Concern | Symptoms                                                                         | Comments                                                                                                                  |
|------------------------------------|------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <300<br>(0.3 ppm)                  | Low              | No irritation or discomfort is expected                                          | There is a low likelihood that specific VOC sources are present                                                           |
| 300 to 500<br>(0.3 to 0.5 ppm)     | Acceptable       | Occasional irritation or discomfort may be possible with sensitive individuals   | There is a low to moderate likelihood that specific VOC sources are present                                               |
| 500 to 1,000<br>(0.5 to 1.0 ppm)   | Marginal         | Complaints about irritation and discomfort are possible in sensitive individuals | A moderate likelihood that specific VOC sources are it is recommended that steps be taken to identify the sources         |
| 1,000 to 3,000<br>(1.0 to 3.0 ppm) | High             | Irritation and discomfort are very likely                                        | A high likelihood that specific VOC sources are present and it is highly recommended that steps be taken to identify them |
| >3,000<br>(>3.0 ppm)               | Very High        | Irritation and discomfort are very possible                                      | These levels are usually found in an industrial environment where workers are exposed to chemicals                        |

