B/Macdonald 3-Floor 2 Indoor air test

Name of Operator _____ Date: _____ Time: 1:30 pm

Category: (circle one)

(Environment) (Cleaning) (Health)

Specific Contaminant School Other _____ 13571

Question: WANTS APARTMENT AND POSSIBLE VENT COMING INTO APARTMENT CHECKED FOR ASBESTOS + LEAD. ALSO WANTS INDOOR AIR TESTING (GENERALLY) ~~Answer:~~ HAS DUST ALLERGY.

DID HER REF'S TO DEP + DOH

Comments: (NOTE: DUT ON LIST FOR INDOOR AIR TESTING)

(PORTAL)

Caller Information:

First Name: PII Last Name: PII

Address 1: 380 RECTOR PLACE Apt PII

Address 2: _____

City _____ State: _____ Zip: 10280

Phone # PII Phone #2 PII (co-husband)

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Follow up:

Referral/Follow-Up Needed? (circle one) (YES) NO

Referral Agency/Organization: _____

DEP Reference # _____