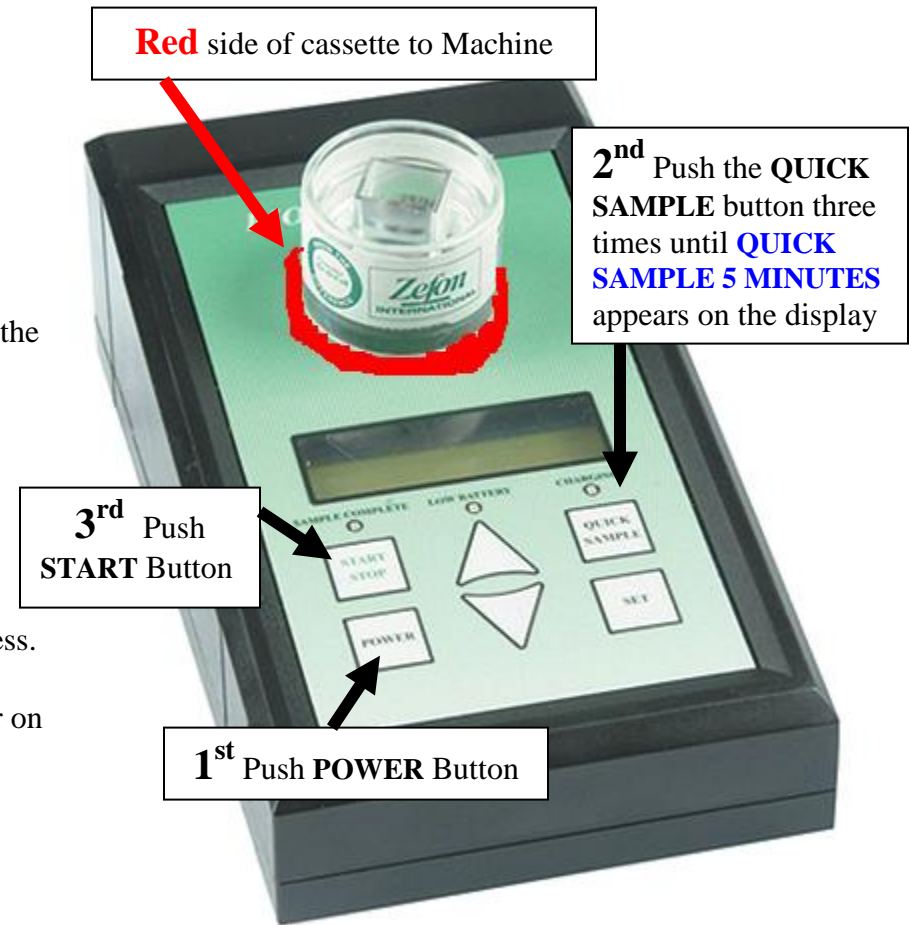


Air Check Home Mold Testing Kit

1. Close the windows in the building at least 24 hours prior to testing.
2. Take the machine out of its case and place the machine in the area to be tested (preferably on a surface 3 to 4 feet off the ground).
3. Remove the red (bottom) sticker from the air sampling cassette and insert the cassette into the machine by gently pushing the cassette, red side down, into the circular opening of the machine.
4. Remove the top sticker from the air sampling cassette. (Save the stickers to seal the sampling cassette after collection).
5. Push the **POWER** Button (located on the lower left corner of the machine).
6. Next, Push the **QUICK SAMPLE** Button three (3) times until “**QUICK SAMPLE 5 MINUTES**” appears on the display.
7. Finally, press the **START/STOP** Button. Leave the area when testing is in progress.
8. After the machine has automatically shut off (5 minutes) – replace the top sticker on the sampling cassette and remove it from the machine. Next replace the bottom sticker on the sampling cassette.
9. Turn these instructions over and complete the information form.
10. Repeat the process (with a new sampling cassette) in each area you wish to test.
We recommend taking one outdoor sample at least 10 feet away from the building, not under a tree and not during the rain.
11. Send the machine, information form, and sampling cassettes back to Home Mold Laboratory for analysis. (2497 Kildare Road, Windsor, ON, N8W 2Y1)
12. **PLEASE REMEMBER:** The Air Check Machine must be shipped back to us no later than 10 days after your receipt of the Machine. As long as you ship back the Machine within the 10 day time period, the Machine rental is **FREE**. In the event you do not ship back the Machine within the 10 day time period, your credit card will be charged overtime fees of \$25.00 per day, up to a maximum overtime fee of \$600.00.



**Results will be sent via Email within 2 weeks of our receipt of
your samples and return of the Air Check Machine**

Report Results to: _____

Address: _____

Telephone #: _____

Email: _____



Serial # (located on side of sampling cassette)	Sample Location	Date Sampled
1		
2		
3		
4		
5		
6		
7		
8		

If you do not choose optional services, no payment is necessary. Standard analysis is free

OPTIONAL SERVICES

EXPRESS Service (\$30 per sample) + _____
(4-7 days from our receipt of your sample)

FAX delivery of results (add \$5) + _____

Fax # _____

Mail delivery of results (add \$10) + _____

TOTAL DUE _____

METHOD OF PAYMENT

- Check or Money Order made payable to
IMS Laboratory
- Credit Card (Visa, MC, Amex, or Discover)

CREDIT CARD BILLING INFORMATION

Name on Card

Billing Address

City Province Postal Code

Credit Card No. Exp. Date

Signature Date