ORION Environmental Services
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Industrial Hygiene Air Monitoring Worksheet
Asbestos Air Sampling (NIOSH Method 7400A)

Project Name: PHASE III 5th Floor Renovation
Project Number: 09-0144
Project Location: County City Bldg
930 Tacoma Ave Tacoma, WA
Client: PCF
Sample By: D Rauschenberg
Date: 1/6/10
Supervisor: Fred Hogan
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	BS-43	BS-44	BS-45	BS-46
Sample Type:	A	A	A	I-CL
Protection:	NA	NA	NA	NA
Decon:	↓	↓	↓	↓
Environment:	↓	↓	↓	↓
Pump:	DES-27	DES 83	DES-16	DES-49
Rotometer	DES-03	DES-03	DES-03	DES-03
Observations	Outside Regulated Area Foyer Between Court Rooms	Outside Regulated Area 6th Floor Hall way @ Room 617 Above Containment (Holding Cells.)	Outside Regulated Area 4th Floor Hallway Below Containment (Holding Cells)	Inside Regulated Area - Outside Containment at the Decon
Worker				
SSN or Cert				
Start	6:00	6:05	6:10	8:00
Stop	12:45	12:50	12:55	1:00
Minutes	405	405	405	300
Start Flow	3.0	3.0	3.0	4.0
Stop Flow	3.0	3.0	3.0	4.0
Average	3.0	3.0	3.0	4.0
Volume	1215 L	1215 L	1215 L	1200 L
☒ PCM / ☐ TEM NIOSH	PCM	PCM	PCM	PCM
LOD	0.003 f/cc	0.003 f/cc	0.003 f/cc	0.003 f/cc
Fiber	8	6	4	7
Field	100	100	100	100
f/cc	0.003	<0.003	<0.003	0.003
TWA	f/cc	f/cc	f/cc	f/cc

Sample Types

Personal	CL	Clearance
Excursion	H	Hepa
Ceiling	FBL	Field Blank
Inside Area	SBL	Sealed Blank
Outside Area	Pre	Preliminary

Control Measures

Respiratory Protection		Decontamination		Environment	
M	Half Face APR	D	Decon w/o Shower	G	Glovebag
F	Full Face APR	DS	Decon w/Shower	M	Mini Enclosure
PAPR	Powered APR	DBS	Double Suite	F	Full Enclosure
CF	Continuous Flow	LDS	Local Decon Station	ME	Modified Encl.
PD	Pressure Demand			R	Regulated Area
				NE	No Enclosure

Turnaround

☐ Now
☐ 24 Hour
☐ 3 Day
☐ 5 Day
☐ 7 Day
☐ 14 Day

Analyzed by: DCT Date: 1-6-10

Relinquished By (Print)	Date	Received By (Print)	Date
Relinquished By (Signature)	Time	Received By (Signature)	Time
D Rauschenberg	Date 1-6-10	Reviewed By (Print)	Date
Received By (Signature)	Time	Reviewed By (Signature)	Time

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Industrial Hygiene Air Monitoring Continuation Worksheet

Asbestos Air Sampling (NIOSH Method 7400A)

Project Name: PHASE III 5TH FLOOR RENOVATION **Project Number:**

Sample ID B5-47 | **Observations** | **Date:** 1-6-10 | ☒ PCM ☐ TEM NIOSH

Sample Type: I-CL
Protection: NA
Decon: ↓
Environment: ↓
Pump: DS-26
Rotometer DS-03

INSIDE REGULATED AREA OUTSIDE THE CONTAINMENT. HEPA EXHST AIR.

Worker | SSN or Cert

Start 8:05 | Start Flow 4.0
Stop 1:05 | Stop Flow 4.0 | Volume
Minutes 300 | Average 4.0 | 1200 L

LOD 0.003 f/cc
Fiber 1
Field 100
f/cc <0.003
TWA ___ f/cc

Sample ID B5-48 | **Observations** | **Date:** 1-6-10 | ☒ PCM ☐ TEM NIOSH

Sample Type: I-CL
Protection: NA
Decon: ↓
Environment: ↓
Pump: DS-86
Rotometer DS-03

INSIDE REGULATED AREA - OUTSIDE THE CONTAINMENT - I.T. ROOM AREA BACK OF CONTAINMENT.

Worker | SSN or Cert

Start 8:10 | Start Flow 4.0
Stop 1:10 | Stop Flow 4.0 | Volume
Minutes 300 | Average 4.0 | 1200 L

LOD 0.003 f/cc
Fiber 14
Field 100
f/cc 0.006
TWA ___ f/cc

Sample ID B5-49 | **Observations** | **Date:** 1-6-10 | ☒ PCM ☐ TEM NIOSH

Sample Type: BLK
Protection: ___
Decon: ___
Environment: ___
Pump: ___
Rotometer ___

BLANK.

Worker | SSN or Cert

Start : | Start Flow ___.___
Stop : | Stop Flow ___.___ | Volume
Minutes ___ | Average ___.___ | ___ L

LOD ___ f/cc
Fiber ___
Field ___
f/cc ___
TWA ___ f/cc

Sample ID B5-49 | **Observations** | **Date:** 1-6-10 | ☒ PCM ☐ TEM NIOSH

Sample Type: QC
Protection: ___
Decon: ___
Environment: ___
Pump: ___
Rotometer ___

BLIND RECOUNT

Worker | SSN or Cert

Start : | Start Flow ___.___
Stop : | Stop Flow ___.___ | Volume
Minutes ___ | Average ___.___ | ___ L

LOD 0.03 f/cc
Fiber 16
Field 100
f/cc 0.006
TWA ___ f/cc

Sample ID | **Observations** | **Date:** | ☐ PCM ☐ TEM NIOSH

Sample Type: ___
Protection: ___
Decon: ___
Environment: ___
Pump: ___
Rotometer ___

Worker | SSN or Cert

Start : | Start Flow ___.___
Stop : | Stop Flow ___.___ | Volume
Minutes ___ | Average ___.___ | ___ L

LOD ___ f/cc
Fiber ___
Field ___
f/cc ___
TWA ___ f/cc

Analysed by: IDCR Date: 1-6-10

Relinquished By (Print)	Date	Received By (Print)	Date
Relinquished By (Signature)	Time	Received By (Signature)	Time
Analyzed By (Print)	Date	Reviewed By (Print)	Date
Analyzed By (Signature)	Time	Reviewed By (Signature)	Time