

# 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

Supervisor: FRED HOGAN

Sample By: D RAUSCHENBERG Date: 12/17/09

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Sample ID: <u>05-08</u>	Observations: <u>OUTSIDE REGULATED AREA</u> <u>5TH FLOOR COURTROOM 533</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>0</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.003</u> f/cc
Decon: <u>↓</u>	Worker: _____ SSN or Cert _____	Fiber <u>10</u>
Environment: <u>↓</u>	Start: <u>7:10</u> Start Flow: <u>3.4</u>	Field: <u>100</u>
Pump: <u>OES-27</u>	Stop: <u>12:10</u> Stop Flow: <u>3.4</u>	f/cc: <u>0.005</u>
Rotometer: <u>OES-03</u>	Minutes: <u>300</u> Average: <u>3.4</u>	TWA: _____ f/cc
	Volume: <u>1020</u> L	

Sample ID: <u>05-09</u>	Observations: <u>INSIDE REGULATED AREA</u> <u>WORK AREA REMOVING ceiling tile</u> <u>&amp; CARPET, ELEVATOR AREA 5TH FLOOR</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>I</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.003</u> f/cc
Decon: <u>↓</u>	Worker: _____ SSN or Cert _____	Fiber <u>14</u>
Environment: <u>↓</u>	Start: <u>7:15</u> Start Flow: <u>3.4</u>	Field: <u>100</u>
Pump: <u>OES-86</u>	Stop: <u>12:15</u> Stop Flow: <u>3.4</u>	f/cc: <u>0.007</u>
Rotometer: <u>OES-03</u>	Minutes: <u>300</u> Average: _____	TWA: _____ f/cc
	Volume: <u>1020</u> L	

Sample ID: <u>05-10</u>	Observations: <u>OUTSIDE REGULATED AREA</u> <u>ELEVATOR AREA 6th FLOOR</u> <u>ABOVE WORK AREA</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>0</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.003</u> f/cc
Decon: <u>↓</u>	Worker: _____ SSN or Cert _____	Fiber <u>6</u>
Environment: <u>↓</u>	Start: <u>7:00</u> Start Flow: <u>3.4</u>	Field: <u>100</u>
Pump: <u>OES-49</u>	Stop: <u>12:00</u> Stop Flow: <u>3.4</u>	f/cc: <u>0.003</u>
Rotometer: <u>OES-03</u>	Minutes: <u>300</u> Average: <u>3.4</u>	TWA: _____ f/cc
	Volume: <u>1020</u> L	

Sample ID: <u>05-11</u>	Observations: <u>OUTSIDE REGULATED AREA</u> <u>4th FLOOR ELEVATOR AREA</u> <u>BELOW WORK AREA</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>0</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.003</u> f/cc
Decon: <u>↓</u>	Worker: _____ SSN or Cert _____	Fiber <u>4</u>
Environment: <u>↓</u>	Start: <u>7:05</u> Start Flow: <u>3.4</u>	Field: <u>100</u>
Pump: <u>OES-83</u>	Stop: <u>12:05</u> Stop Flow: <u>3.4</u>	f/cc: <u>0.003</u>
Rotometer: <u>OES-03</u>	Minutes: <u>300</u> Average: <u>3.4</u>	TWA: _____ f/cc
	Volume: <u>1020</u> L	

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
<input type="checkbox"/> Now
<input type="checkbox"/> 24 Hour
<input type="checkbox"/> 3 Day
<input type="checkbox"/> 5 Day
<input type="checkbox"/> 7 Day
<input type="checkbox"/> 14 Day

Analyzed by: DGR Date: 12-18-09

Furnished By (Print)	Date	Received By (Print)	Date
_____	_____	_____	_____
_____	Time	Received By (Signature)	Time
_____	_____	_____	_____
_____	Date	Reviewed By (Print)	Date
_____	_____	_____	_____
_____	Time	Reviewed By (Signature)	Time
_____	_____	_____	_____