

ORION Environmental Services

34004 9th Avenue South, A-5, Federal Way, Washington 98003
 Phone (253) 874-1381 or (253) 952-6717; Fax (253) 927-4714

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

Client: PCF

930 TACOMA AVE TACOMA, WA

Supervisor FRED Hogan

Sample By: D RAUSCHENBERG

Date: 12/18/09

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Sample ID: <u>B5-13</u>	Observations: <u>OUTSIDE REGULATED AREA 5th FLOOR COURT ROOM 531</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>0</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.002</u> f/cc
Decon: <u>↓</u>	Worker	Fiber <u>10</u>
Environment: <u>↓</u>	SSN or Cert	Field <u>100</u>
Pump: <u>DES-26</u>	Start <u>5:15</u> Start Flow <u>3.4</u>	f/cc <u>0.003</u>
Rotometer: <u>DES-03</u>	Stop <u>12:15</u> Stop Flow <u>3.4</u>	TWA _____ f/cc
	Minutes <u>420</u> Average <u>3.4</u>	Volume <u>1428</u> L

Sample ID: <u>B5-14</u>	Observations: <u>INSIDE REGULATED AREA REMOVING CEILING TILE & CARPET FROM HALLWAY MEN'S RESTROOM SIDE AND WOMEN'S RESTROOM SIDE</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>I</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.002</u> f/cc
Decon: <u>↓</u>	Worker	Fiber <u>4</u>
Environment: <u>↓</u>	SSN or Cert	Field <u>100</u>
Pump: <u>DES-49</u>	Start <u>5:20</u> Start Flow <u>3.4</u>	f/cc <u>0.002</u>
Rotometer: <u>DES-03</u>	Stop <u>12:20</u> Stop Flow <u>3.4</u>	TWA _____ f/cc
	Minutes <u>420</u> Average <u>3.4</u>	Volume <u>1428</u> L

Sample ID: <u>B5-15</u>	Observations: <u>OUTSIDE REGULATED AREA BELOW WORK AREA MEN'S RESTROOM HALLWAY 4th FLOOR.</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>0</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.002</u> f/cc
Decon: <u>↓</u>	Worker	Fiber <u>0</u>
Environment: <u>↓</u>	SSN or Cert	Field <u>100</u>
Pump: <u>DES-16</u>	Start <u>5:25</u> Start Flow <u>3.4</u>	f/cc <u>0.002</u>
Rotometer: <u>DES-03</u>	Stop <u>12:25</u> Stop Flow <u>3.4</u>	TWA _____ f/cc
	Minutes <u>420</u> Average <u>3.4</u>	Volume <u>1428</u> L

Sample ID: <u>B5-16</u>	Observations: <u>OUTSIDE REGULATED AREA ABOVE WORK AREA MEN'S RESTROOM HALLWAY 6th FLOOR</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>0</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.002</u> f/cc
Decon: <u>↓</u>	Worker	Fiber <u>4</u>
Environment: <u>↓</u>	SSN or Cert	Field <u>100</u>
Pump: <u>DES-27</u>	Start <u>5:30</u> Start Flow <u>3.4</u>	f/cc <u>0.002</u>
Rotometer: <u>DES-03</u>	Stop <u>12:30</u> Stop Flow <u>3.4</u>	TWA _____ f/cc
	Minutes <u>420</u> Average <u>3.4</u>	Volume <u>1428</u> L

Sample types	Control Measures	Turnaround
Personal: <u>C</u> Clearance	<u>Respiratory Protection</u>	<input type="checkbox"/> Now
Excursion: <u>H</u> Hepa	<u>Decontamination</u>	<input type="checkbox"/> 24 Hour
Celling: <u>FB</u> Field Blank	<u>Environment</u>	<input type="checkbox"/> 3 Day
Inside Area: <u>SB</u> Sealed Blank	M Half Face APR	<input type="checkbox"/> 5 Day
Outside Area: <u>Pr</u> Preliminary	F Full Face APR	<input type="checkbox"/> 7 Day
	PAPR Powered APR	<input type="checkbox"/> 14 Day
	CF Continuous Flow	
	PD Pressure Demand	
	D Decon w/o Shower	
	DS Decon w/ Shower	
	DBS Double Suite	
	LDS Local Decon Station	
	G Glovebag	
	M Mini Enclosure	
	F Full Enclosure	
	ME Modified Encl.	
	R Regulated Area	
	NE No Enclosure	

Analyzed by: <u>DGR</u>	Date: <u>12-18-09</u>
Requested By (Print)	Date
Received By (Print)	Date
Requested By (Signature)	Time
Received By (Signature)	Time
Reviewed By (Print)	Date
Reviewed By (Signature)	Time

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Sample Type: <u>I</u>		<input type="checkbox"/> TEM NIOSH
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Decon: <u>↓</u>	Worker	Fiber <u>4</u>
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Sample Type: <u>0</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.002</u> f/cc
Decon: <u>↓</u>	Worker	Fiber <u>0</u>
Environment: <u>↓</u>	SSN or Cert	Field <u>100</u>
Pump: <u>DES-16</u>	Start <u>5:25</u> Start Flow <u>3.4</u>	f/cc <u>0.002</u>
Rotometer: <u>DES-03</u>	Stop <u>12:25</u> Stop Flow <u>3.4</u>	TWA _____ f/cc
	Minutes <u>420</u> Average <u>3.4</u>	Volume <u>1428</u> L

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Sample Types

Control Measures

Turnaround

- Personal Clearance
- Excursion Hepa
- Ceiling Field Blank
- Inside Area Sealed Blank
- Outside Area Preliminary

- Respiratory Protection**
- M Half Face APR
 - F Full Face APR
 - PAPR Powered APR
 - CF Continuous Flow
 - PD Pressure Demand

- Decontamination**
- D Decon w/o Shower
 - DS Decon w/ Shower
 - DBS Double Suite
 - LDS Local Decon Station

- Environment**
- G Glovebag
 - M Mini Enclosure
 - F Full Enclosure
 - ME Modified Encl.
 - R Regulated Area
 - NE No Enclosure

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

Analyzed by: DGR

Date: 12-18-09

Requested By (Print)	Date	Received By (Print)	Date
Requested By (Signature)	Time	Received By (Signature)	Time
Reviewed By (Print)	Date	Reviewed By (Print)	Date
Reviewed By (Signature)	Time	Reviewed By (Signature)	Time

**Beisley Inc
P.O. Box 2355
Belfair WA 98528**

To: Architects Rasmussen Triebelhorn Number 9 Saint Helens, Suite D The Henry Drum House Tacoma WA 98402 (253)572-5511	Date: Thursday, December 17, 2009 Attention Chris Ackerman <u>cma@a-rt.orh</u>
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Project: 09-00055 CCB Renovation Ph 3

From: Beisley Inc. P.O. 2355 Belfair, WA 98528 Phone: 360-275-5783 Fax: 360-275-8531	Authorized Representative: Robert Walsh Submittal Number: _____009 Bid Item #: _____
---	---

This is: **an original submittal** **a re-submittal of _____**
(refer to original submittal number)

We are sending you: **Attached** **Under separate cover via _____ the following**
items:
 Shop Drawings **Prints** **Plans** **Product Literature**
 Samples **Certifications** **Test Reports** **Other __Pay App. _____**

Number of Copy	Item Description <i>(One item per submittal, please)</i>	Supplier/Manufacturer/ Product Name/Pit #	Spec. Reference #
1	Carpet and Rubber Base, please approve and pick color for use		Addendum 1

‘As specified.’ We have verified that the material or equipment contained in this submittal meets all the requirements exactly as specified or shown (no exceptions).

“Or equal.” We have verified that the material or equipment contained in this submittal meets all of the exactly as requirements specified or shown, except for the following deviations (all deviations must be listed below):

Robert T Walsh

--

Submittal Number: _____ 010 _____

Project:

Project Number:

Contractor:

Item Description: _____

Submitted as specified

Spec. Reference No.: _____

Submitted as "or equal"

Inspector's Comments:

Forwarded to (Engineer): _____ Date: _____ Initials: _____

Recommend:

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Rejection - revise and resubmit as per comments |
| <input type="checkbox"/> Approval subject to corrections | <input type="checkbox"/> Rejection - insufficient information |

Consultant Comments (attach all pertinent letter and reports):

Recommend:

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Rejection - revise and resubmit as per comments |
| <input type="checkbox"/> Approval subject to corrections | <input type="checkbox"/> Rejection - insufficient information |

Forwarded to Consultant: _____ Date Sent: _____ Engineer Initials: _____

Comments Due: _____ Actual Date Received: _____ Initials: _____

Project Engineer Comments:

Forwarded to (inspector): _____ Date: _____

- APPROVED - Contractor may proceed
- APPROVED - Subject to corrections - contractor may proceed
- REJECTED - Revise noted items and resubmit - Contractor may NOT proceed
- REJECTED - Insufficient information - Contractor may NOT proceed

Project Engineer Signature

Date

Owners Engineer

Date
