

Project Name: PHASE III 5th FLOOR RENOVATION

Project Number:

Sample ID: <u>DS-23</u>	Observations: <u>GLOVE BAG WORK REMOVING TSE FROM MAIN SYSTEM LINES ABOVE CEILING 2 WORKERS PER GLOVE BAG. WEST END ELEVATOR</u>	Date: <u>12-30-09</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>I-CL</u>	Worker: _____	SSN or Cert: <u>HALL</u>	<input type="checkbox"/> TEM NIOSH
Protection: <u>M</u>	Start: <u>5 45</u>	Start Flow: <u>3.4</u>	LOD: <u>0.003</u> f/cc
Decon: <u>LDS</u>	Stop: <u>11 45</u>	Stop Flow: <u>3.4</u>	Fiber: <u>8</u>
Environment: <u>LIR</u>	Minutes: <u>360</u>	Average: <u>3.4</u>	Field: <u>100</u>
Pump: <u>DS-26</u>		Volume: <u>1224</u> L	f/cc: <u>0.003</u>
Rotometer: <u>DS-03</u>			TWA: _____ f/cc

Sample ID: <u>DS-24</u>	Observations: <u>BLANK</u>	Date: <u>12-30-09</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>BLK</u>	Worker: _____	SSN or Cert: _____	<input type="checkbox"/> TEM NIOSH
Protection: _____	Start: _____	Start Flow: _____	LOD: _____ f/cc
Decon: _____	Stop: _____	Stop Flow: _____	Fiber: <u>0</u>
Environment: _____	Minutes: _____	Average: _____	Field: <u>100</u>
Pump: _____		Volume: _____	f/cc: _____
Rotometer: _____			TWA: _____ f/cc

Sample ID: _____	Observations: _____	Date: _____	<input type="checkbox"/> PCM
Sample Type: _____	Worker: _____	SSN or Cert: _____	<input type="checkbox"/> TEM NIOSH
Protection: _____	Start: _____	Start Flow: _____	LOD: _____ f/cc
Decon: _____	Stop: _____	Stop Flow: _____	Fiber: _____
Environment: _____	Minutes: _____	Average: _____	Field: _____
Pump: _____		Volume: _____	f/cc: _____
Rotometer: _____			TWA: _____ f/cc

Sample ID: _____	Observations: _____	Date: _____	<input type="checkbox"/> PCM
Sample Type: _____	Worker: _____	SSN or Cert: _____	<input type="checkbox"/> TEM NIOSH
Protection: _____	Start: _____	Start Flow: _____	LOD: _____ f/cc
Decon: _____	Stop: _____	Stop Flow: _____	Fiber: _____
Environment: _____	Minutes: _____	Average: _____	Field: _____
Pump: _____		Volume: _____	f/cc: _____
Rotometer: _____			TWA: _____ f/cc

Sample ID: _____	Observations: _____	Date: _____	<input type="checkbox"/> PCM
Sample Type: _____	Worker: _____	SSN or Cert: _____	<input type="checkbox"/> TEM NIOSH
Protection: _____	Start: _____	Start Flow: _____	LOD: _____ f/cc
Decon: _____	Stop: _____	Stop Flow: _____	Fiber: _____
Environment: _____	Minutes: _____	Average: _____	Field: _____
Pump: _____		Volume: _____	f/cc: _____
Rotometer: _____			TWA: _____ f/cc

Analysed by: <u>DKR</u>	Date: <u>12-30-09</u>	Relinquished By (Print): <u>DKR</u>	Date: _____
Relinquished By (Signature): <u>DKR</u>	Time: _____	Received By (Print): _____	Time: _____
Analyzed By (Print): _____	Date: _____	Reviewed By (Print): _____	Date: _____
Analyzed By (Signature): _____	Time: _____	Reviewed By (Signature): _____	Time: _____