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

Project Name: 950 BLDG Project Number: N19-0575
 Project Location: 950 Fawcett Ave Client: HULTZ DHU
TACOMA, WA 98402 Supervisor: RICK HULTZ

Sample By: DRAUSCHENBERG Date: 1/9/20 Page 1 of 1

Sample ID: <u>950-40</u>	Observations: <u>CLEARANCE INSIDE REGULATED AREA- 2ND FLOOR HALLWAY</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>I-CL</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0003</u> f/cc
Decon: <u>NA</u>	Worker _____ SSN or Cert _____	Fiber <u>6</u>
Environment: <u>R</u>	Start <u>5:00</u> Start Flow <u>8.0</u>	Field <u>100</u>
Pump: <u>#1</u>	Stop <u>7:30</u> Stop Flow <u>8.0</u>	f/cc <u>2003</u>
Rotameter: <u>HV-01</u>	Minutes <u>150</u> Average <u>8.0</u> Volume <u>1200</u> L	TWA _____ f/cc

Sample ID: <u>950-41</u>	Observations: <u>BLANK</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>BLK</u>		<input type="checkbox"/> TEM NIOSH
Protection: _____		LOD _____ f/cc
Decon: _____	Worker _____ SSN or Cert _____	Fiber <u>0</u>
Environment: _____	Start _____ Start Flow _____	Field <u>100</u>
Pump: _____	Stop _____ Stop Flow _____	f/cc _____
Rotameter: _____	Minutes _____ Average _____ Volume _____ L	TWA _____ f/cc

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

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

Sample Types

- P Personal
- E Excursion
- C Ceiling
- I Inside Area
- O Outside Area
- CL Clearance
- H Hepa
- FBL Field Blank
- SBL Sealed Blank
- Pre Preliminary

Control Measures

- | | | |
|-------------------------------|-------------------------|--------------------|
| <u>Respiratory Protection</u> | <u>Decontamination</u> | <u>Environment</u> |
| 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: _____	Date: _____	Received By (Print): _____	Date: _____
Relinquished By (Print): _____	Date: _____	Received By (Signature): _____	Time: _____
Relinquished By (Signature): <u>[Signature]</u>	Time: <u>8:45</u>	Reviewed By (Print): _____	Date: _____
Analyzed By (Print): <u>DRAUSCHENBERG</u>	Date: <u>1-9-20</u>	Reviewed By (Signature): _____	Time: _____
Analyzed By (Signature): <u>[Signature]</u>	Time: <u>8:45</u>		