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

Project Name: Building 950  
 Project Location: 950 FAWEETT AVE  
TACOMA, WA - 98402

Project Number: NI9-0575  
 Client: PIERCE COUNTY  
 Supervisor: RICK HULTZ

Sample By: D Pauschenberg Date: 11/26/19

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Sample ID <u>950-08</u>	Observations: <u>OUTSIDE REGULATED AREA</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>O</u>	<u>LUNCH ROOM HALL NEXT TO JANITOR</u>	<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>	<u>CLOSET - 3RD FLOOR (See map)</u>	LOD <u>0.002</u> f/cc
Decon: <u>↓</u>	Worker _____ SSN or Cert _____	Fiber <u>6</u>
Environment: <u>↓</u>	Start <u>5:30</u> Start Flow <u>6.2</u>	Field <u>100</u>
Pump: <u>HV-55</u>	Stop <u>10:00</u> Stop Flow <u>6.2</u> Volume _____	f/cc <u>10002</u>
Rotameter: <u>HV-01</u>	Minutes <u>270</u> Average <u>6.2</u> <u>1674</u> L	TWA _____ f/cc

Sample ID <u>950-09</u>	Observations: <u>INSIDE REGULATED AREA</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>I-CL</u>	<u>JANITOR CLOSET AREA CLEARANCE</u>	<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>	<u>GLOVE BAGGING HARD FITTINGS</u>	LOD <u>0.002</u> f/cc
Decon: <u>↓</u>	Worker _____ SSN or Cert _____	Fiber <u>3</u>
Environment: <u>↓</u>	Start <u>5:45</u> Start Flow <u>6.2</u>	Field <u>100</u>
Pump: <u>HV-50</u>	Stop <u>10:05</u> Stop Flow <u>6.2</u> Volume _____	f/cc <u>10003</u>
Rotameter: <u>HV-01</u>	Minutes <u>250</u> Average <u>6.2</u> <u>1550</u> L	TWA _____ f/cc

Sample ID <u>950-10</u>	Observations: <u>BLANK</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>BLK</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>↓</u>	Worker _____ SSN or Cert _____	LOD _____ f/cc
Decon: <u>↓</u>	Start _____ Start Flow _____	Fiber <u>0</u>
Environment: <u>↓</u>	Stop _____ Stop Flow _____ Volume _____	Field <u>100</u>
Pump: _____	Minutes _____ Average _____	f/cc _____
Rotameter: _____		TWA _____ f/cc

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

- |                               |                         |                    |
|-------------------------------|-------------------------|--------------------|
| <b>Respiratory Protection</b> | <b>Decontamination</b>  | <b>Environment</b> |
| 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: DGR Date: 11-26-19

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