

**ORION Environmental Services**

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**Industrial Hygiene Air Monitoring Worksheet**  
**Asbestos Air Sampling (NIOSH Method 7400A or 7402)**

Project Name: Bldg 950 Project Number: NI9-0575

Project Location: 950 Fawcett Ave Client: HULTZ BHU

TACOMA, WA - 98402

Supervisor: RICK HULTZ

Sample By: DR Rauschenberg Date: 1/8/20 Page 1 of 2

|                          |  |   |
|--------------------------|--|---|
| Sample ID: <u>950-35</u> | Observations: <u>PRE ABATMENT</u>          | <input checked="" type="checkbox"/> PCM |
| Sample Type: <u>Pre</u>  | <u>2ND FLOOR LOBBY @ elevator</u>          | <input type="checkbox"/> TEM NIOSH      |
| Protection: <u>NA</u>    | <u>(SEE MAP)</u>                           | LOD: <u>0.003</u> f/cc                  |
| Decon: <u>↓</u>          | Worker: _____ SSN or Cert _____            | Fiber: <u>14</u>                        |
| Environment: <u>↓</u>    | Start: <u>5:00</u> Start Flow: <u>14.5</u> | Field: <u>100</u>                       |
| Pump: <u>#10</u>         | Stop: <u>6:10</u> Stop Flow: <u>14.5</u>   | f/cc: <u>0.007</u>                      |
| Rotometer: <u>HV-01</u>  | Minutes: <u>70</u> Average: <u>14.5</u>    | TWA: _____ f/cc                         |
|                          | Volume: <u>1015</u> L                      |   |

|                          |  |   |
|--------------------------|--|---|
| Sample ID: <u>950-36</u> | Observations: <u>INSIDE WORK AREA IN THE</u> | <input checked="" type="checkbox"/> PCM |
| Sample Type: <u>ICL</u>  | <u>LOBBY OUTSIDE ELEVATORS - WORKERS</u>     | <input type="checkbox"/> TEM NIOSH      |
| Protection: <u>NA</u>    | <u>WRAPPING &amp; CUTTING HARD FITTINGS</u>  | LOD: <u>0.002</u> f/cc                  |
| Decon: <u>NA</u>         | <u>2ND FLOOR - (CLEARANCE) (SEE MAP)</u>     | Fiber: <u>20</u>                        |
| Environment: <u>R</u>    | Worker: _____ SSN or Cert _____              | Field: <u>100</u>                       |
| Pump: <u>#10</u>         | Start: <u>6:45</u> Start Flow: <u>14.5</u>   | f/cc: <u>0.009</u>                      |
| Rotometer: <u>HV-01</u>  | Stop: <u>8:00</u> Stop Flow: <u>14.5</u>     | TWA: _____ f/cc                         |
|                          | Minutes: <u>135</u> Average: <u>14.5</u>     |   |
|                          | Volume: <u>1957.5</u> L                      |   |

|                          |  |   |
|--------------------------|--|---|
| Sample ID: <u>950-37</u> | Observations: <u>OUTSIDE WORK AREA AT THE</u>                      | <input checked="" type="checkbox"/> PCM |
| Sample Type: <u>O</u>    | <u>HALLWAY NEXT TO JANITOR CLOSET</u>                              | <input type="checkbox"/> TEM NIOSH      |
| Protection: <u>NA</u>    | <u>WRAPPING &amp; CUTTING HARD FITTINGS!</u>                       | LOD: <u>0.002</u> f/cc                  |
| Decon: <u>↓</u>          | Worker: <u>IN JANITOR CLOSET</u> SSN or Cert <u>Glove Wrapping</u> | Fiber: <u>23</u>                        |
| Environment: <u>↓</u>    | Start: <u>8:15</u> Start Flow: <u>10.1</u>                         | Field: <u>100</u>                       |
| Pump: <u>#10</u>         | Stop: <u>11:15</u> Stop Flow: <u>10.1</u>                          | f/cc: <u>0.006</u>                      |
| Rotometer: <u>HV-01</u>  | Minutes: <u>181</u> Average: <u>10.1</u>                           | TWA: _____ f/cc                         |
|                          | Volume: <u>1818</u> L  |   |

|                          |   |                                    |
|--------------------------|---|------------------------------------|
| Sample ID: <u>950-38</u> | Observations: <u>CLEARANCE INSIDE REGULATED</u> | <input type="checkbox"/> PCM       |
| Sample Type: <u>CL</u>   | <u>AREA JANITOR CLOSET.</u>                     | <input type="checkbox"/> TEM NIOSH |
| Protection: <u>MA</u>    | Worker: _____ SSN or Cert _____                 | LOD: <u>0.007</u> f/cc             |
| Decon: <u>↓</u>          | Start: <u>11:05</u> Start Flow: <u>14.5</u>     | Fiber: <u>3</u>                    |
| Environment: <u>↓</u>    | Stop: <u>12:05</u> Stop Flow: <u>14.5</u>       | Field: <u>100</u>                  |
| Pump: <u>#1</u>          | Minutes: <u>60</u> Average: <u>14.5</u>         | f/cc: <u>&lt;0.003</u>             |
| Rotometer: <u>HV-01</u>  | Volume: <u>870</u> L                            | TWA: _____ f/cc                    |

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

|   |                     |                                |             |
|---|---------------------|--------------------------------|-------------|
| Relinquished By (print): _____                  | Date: _____         | Received By (print): _____     | Date: _____ |
| Relinquished By (signature): _____              | Time: _____         | Received By (signature): _____ | Time: _____ |
| Analyzed By (print): <u>Dennis Rauschenberg</u> | Date: <u>1-8-20</u> | Reviewed By (print): _____     | Date: _____ |
| Analyzed By (signature): _____                  | Time: _____         | Reviewed By (signature): _____ | Time: _____ |



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

Page 22 of 22

Project Name: 950 Bldg

Project Number: \_\_\_\_\_

|                          |                     |                          |   |
|--------------------------|---------------------|--------------------------|---|
| Sample ID: <u>950-3a</u> | Observations        | Date: <u>1-8-20</u>      | <input checked="" type="checkbox"/> PCM |
| Sample Type: <u>BUK</u>  | <u>BLANK</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 _____ . _____    | TWA _____ f/cc                          |
|                          |                     | Volume _____ L           |   |

|              |                     |                          |                                    |
|--------------|---------------------|--------------------------|------------------------------------|
| Sample ID    | Observations        | Date:                    | <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 _____ . _____    | TWA _____ f/cc                     |
|              |                     | Volume _____ L           |                                    |

|              |                     |                          |                                    |
|--------------|---------------------|--------------------------|------------------------------------|
| Sample ID    | Observations        | Date:                    | <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 _____ . _____    | TWA _____ f/cc                     |
|              |                     | Volume _____ L           |                                    |

|              |                     |                          |                                    |
|--------------|---------------------|--------------------------|------------------------------------|
| Sample ID    | Observations        | Date:                    | <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 _____ . _____    | TWA _____ f/cc                     |
|              |                     | Volume _____ L           |                                    |

|              |                     |                          |                                    |
|--------------|---------------------|--------------------------|------------------------------------|
| Sample ID    | Observations        | Date:                    | <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 _____ . _____    | TWA _____ f/cc                     |
|              |                     | Volume _____ L           |                                    |
| Analysed by: | Date:               |                          |                                    |

|                             |      |                         |      |
|-----------------------------|------|-------------------------|------|
| 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 |