

**ORION Environmental Services**

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

Project Name: 950 Bldg Project Number: W19-0575

Project Location: 950 FAWCETT AVE Client: HULTZ B&W  
TACOMA, WA 98402 Supervisor: RICK HULTZ

Sample By: D Rauschenberg Date: 1/7/20 Page 1 of 2

Sample ID: <u>950-30</u>	Observations: <u>INCAPULATION CMU SEAMS</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>I/CI</u>	<u>WRAPPING AND CUTTING OUT HARD FITTINGS</u>	<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>	<u>DOMESTIC LINES. FAMILY SUPPORT</u>	LOD <u>0.003</u> f/cc
Decon: <u>↓</u>	Worker: <u>(See map)</u> SSN or Cert: <u>SOUTH END 2ND FLOOR</u>	Fiber <u>14</u>
Environment: <u>R</u>	Start: <u>5:00</u> Start Flow: <u>4.3</u>	Field <u>100</u>
Pump: <u>#10</u>	Stop: <u>11:30</u> Stop Flow: <u>4.3</u>	f/cc <u>0.004</u>
Rotometer: <u>HV-01</u>	Minutes: <u>390</u> Average: <u>4.3</u> Volume: <u>1677</u> L	TWA _____ f/cc

Sample ID: <u>950-31</u>	Observations: <u>SAME AS 950-30</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>I/CI</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.003</u> f/cc
Decon: <u>↓</u>	Worker: _____ SSN or Cert: _____	Fiber <u>16</u>
Environment: <u>R</u>	Start: <u>5:01</u> Start Flow: <u>4.3</u>	Field <u>100</u>
Pump: <u>#14</u>	Stop: <u>11:31</u> Stop Flow: <u>4.3</u>	f/cc <u>0.005</u>
Rotometer: <u>HV-01</u>	Minutes: <u>390</u> Average: <u>4.3</u> Volume: <u>1677</u> L	TWA _____ f/cc

Sample ID: <u>950-32</u>	Observations: <u>SAME AS 950-30</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>I/CI</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.003</u> f/cc
Decon: <u>↓</u>	Worker: _____ SSN or Cert: _____	Fiber <u>9</u>
Environment: <u>R</u>	Start: <u>5:02</u> Start Flow: <u>4.3</u>	Field <u>100</u>
Pump: <u>#152</u>	Stop: <u>11:32</u> Stop Flow: <u>4.3</u>	f/cc <u>0.003</u>
Rotometer: <u>HV-01</u>	Minutes: <u>390</u> Average: <u>4.3</u> Volume: <u>1677</u> L	TWA _____ f/cc

Sample ID: <u>950-33</u>	Observations: <u>OUTSIDE REGULATED AREA OCCUPIED SPACE.</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>O</u>		<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>		LOD <u>0.003</u> f/cc
Decon: <u>↓</u>	Worker: _____ SSN or Cert: _____	Fiber <u>6</u>
Environment: <u>↓</u>	Start: <u>5:05</u> Start Flow: <u>4.3</u>	Field <u>100</u>
Pump: <u>#210</u>	Stop: <u>11:35</u> Stop Flow: <u>4.3</u>	f/cc <u>&lt;0.003</u>
Rotometer: <u>HV-01</u>	Minutes: <u>390</u> Average: <u>4.3</u> Volume: <u>1677</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>D Rauschenberg</u>	Date: <u>1-7-20</u>	Reviewed By (print): _____	Date: _____
Analyzed By (signature): <u>D R</u>	Time: <u>11:30 AM</u>	Reviewed By (signature): _____	Time: _____

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

Project Name: 950 Bldg.

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

Sample ID: <u>950-34</u>	Observations: <u>BLANK</u>	Date: <u>1-7-20</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>Bulk</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: _____
Rotometer: _____	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: _____
Rotometer: _____	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: _____
Rotometer: _____	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: _____
Rotometer: _____	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: _____
Rotometer: _____	Minutes: _____	Average: _____ . _____	TWA: _____ f/cc
		Volume: _____ L	

Relinquished By (print): _____	Date: _____	Received By (print): _____	Date: _____
Relinquished By (signature): _____	Time: _____	Received By (signature): _____	Time: _____
Analyzed By (print): <u>DRAUSCHENBERG</u>	Date: <u>1-7-20</u>	Reviewed By (print): _____	Date: _____
Analyzed By (signature): <u>[Signature]</u>	Time: <u>11:30 AM</u>	Reviewed By (signature): _____	Time: _____