

ORION Environmental Services

34004 9th Avenue South, A-5, Federal Way, Washington 98003
 Phone (253) 874-1881 or (253) 952-6717; Fax (253) 927-4714

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

Project Name: 950 BLDG Project Number: N19-0575
 Project Location: 950 FAWCETT AVE Client: HULTZ KHU
TACOMA, WA 98402 Supervisor: RECK HULTZ

Sample By: D Rauschenbery Date: 2/4/20 Page 1 of 1

Sample ID: <u>950-52</u>	Observations: <u>PRE-ABATEMENT 2ND FLOOR</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>PRE</u>	<u>NORTH END (See MAP)</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>12</u>
Environment: <u>↓</u>	Start: <u>3:45</u> Start Flow: <u>14.5</u>	Field: <u>100</u>
Pump: <u>HV-132</u>	Stop: <u>5:00</u> Stop Flow: <u>14.5</u>	f/cc: <u>0.005</u>
Rotometer: <u>HV-01</u>	Minutes: <u>75</u> Average: <u>14.5</u> Volume: <u>1087.5</u> L	TWA: _____ f/cc

Sample ID: <u>950-53</u>	Observations: <u>PRE-ABATEMENT 2ND FLOOR</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>PRE</u>	<u>NORTH END (See MAP)</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>14</u>
Environment: <u>↓</u>	Start: <u>3:46</u> Start Flow: <u>14.5</u>	Field: <u>100</u>
Pump: <u>HV-10</u>	Stop: <u>5:01</u> Stop Flow: <u>14.5</u>	f/cc: <u>0.006</u>
Rotometer: <u>HV-01</u>	Minutes: <u>75</u> Average: <u>14.5</u> Volume: <u>1087.5</u> L	TWA: _____ f/cc

Sample ID: <u>950-54</u>	Observations: <u>INSIDE AREA CLEARANCE</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>I/C1</u>	<u>NORTH/WEST END FLOOR #2</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>6</u>
Environment: <u>↓</u>	Start: <u>6:15</u> Start Flow: <u>10.0</u>	Field: <u>100</u>
Pump: <u>HV-132</u>	Stop: <u>8:00</u> Stop Flow: <u>10.0</u>	f/cc: <u>0.003</u>
Rotometer: <u>HV-01</u>	Minutes: <u>105</u> Average: <u>10.0</u> Volume: <u>1050</u> L	TWA: _____ f/cc

Sample ID: <u>950-55</u>	Observations: <u>INSIDE AREA CLEARANCE</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>I/C1</u>	<u>NORTHWEST END FLOOR #2</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>8</u>
Environment: <u>↓</u>	Start: <u>6:16</u> Start Flow: <u>10.0</u>	Field: <u>100</u>
Pump: <u>HV-10</u>	Stop: <u>8:01</u> Stop Flow: <u>10.0</u>	f/cc: <u>0.004</u>
Rotometer: <u>HV-01</u>	Minutes: <u>105</u> Average: <u>10.0</u> Volume: <u>1050</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 Rauschenbery</u>	Date: <u>2-4-20</u>	Reviewed By (print): _____	Date: _____
Analyzed By (signature): _____	Time: _____	Reviewed By (signature): _____	Time: _____