



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

Page 2 of 2

Project Name: 950 BUILDING

Project Number: 1019-0575

Sample ID: <u>950-102</u>	Observations: <u>OUTSIDE CONTAINMENT 2ND FLOOR HALL WAY</u>	Date: <u>3/30/20</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>0</u>	Worker: _____ SSN or Cert: <u>SEE MAP</u>	Start: <u>15:45</u> Start Flow: <u>2.5</u>	<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>			LOD: <u>0.003</u> f/cc
Decon: <u>↓</u>	Stop: <u>23:00</u> Stop Flow: <u>2.5</u>	Volume: _____	Fiber: <u>3</u>
Environment: <u>↓</u>			Field: <u>100</u>
Pump: <u>470</u>	Minutes: <u>435</u> Average: <u>2.5</u>	Volume: <u>1087.5 L</u>	f/cc: <u>4.003</u>
Rotameter: <u>HV14</u>			TWA: _____ f/cc

Sample ID: <u>950-103</u>	Observations: <u>OUTSIDE CONTAINMENT 2ND FLR ELEVATOR LOBBY</u>	Date: <u>3/30/20</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>0</u>	Worker: _____ SSN or Cert: _____	Start: <u>15:45</u> Start Flow: <u>2.5</u>	<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>			LOD: <u>0.003</u> f/cc
Decon: <u>↓</u>	Stop: <u>23:00</u> Stop Flow: <u>2.5</u>	Volume: _____	Fiber: <u>4</u>
Environment: <u>↓</u>			Field: <u>100</u>
Pump: <u>152</u>	Minutes: <u>435</u> Average: <u>2.5</u>	Volume: <u>1087.5</u> <u>SEE MAP</u>	f/cc: <u><0.003</u>
Rotameter: <u>HV14</u>			TWA: _____ f/cc

Sample ID: <u>950-104</u>	Observations: <u>OUTSIDE CONTAINMENT 3RD FLOOR CONFERENCE</u>	Date: <u>3/30/20</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>0</u>	Worker: _____ SSN or Cert: <u>SEE MAP</u>	Start: <u>15:45</u> Start Flow: <u>2.5</u>	<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>			LOD: <u>0.003</u> f/cc
Decon: <u>↓</u>	Stop: <u>23:00</u> Stop Flow: <u>2.5</u>	Volume: _____	Fiber: <u>1</u>
Environment: <u>↓</u>			Field: <u>100</u>
Pump: <u>315</u>	Minutes: <u>435</u> Average: <u>2.5</u>	Volume: <u>1087.5 L</u>	f/cc: <u><0.003</u>
Rotameter: <u>HV14</u>			TWA: _____ f/cc

Sample ID: <u>950-105</u>	Observations: <u>OUTSIDE CONTAINMENT 3RD FLOOR KITCHENETTE</u>	Date: <u>3/30/20</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>0</u>	Worker: _____ SSN or Cert: <u>SEE MAP</u>	Start: <u>15:45</u> Start Flow: <u>2.5</u>	<input type="checkbox"/> TEM NIOSH
Protection: <u>NA</u>			LOD: <u>0.063</u> f/cc
Decon: <u>↓</u>	Stop: <u>23:00</u> Stop Flow: <u>2.5</u>	Volume: _____	Fiber: <u>0</u>
Environment: <u>↓</u>			Field: <u>100</u>
Pump: <u>133</u>	Minutes: <u>435</u> Average: <u>2.5</u>	Volume: <u>1087.5 L</u>	f/cc: <u><0.003</u>
Rotameter: <u>HV14</u>			TWA: _____ f/cc

Sample ID: <u>950-106</u>	Observations: <u>BLANK</u>	Date: <u>3/30/20</u>	<input checked="" type="checkbox"/> PCM
Sample Type: <u>FBL</u>	Worker: _____ SSN or Cert: _____	Start: _____ Start Flow: _____	<input type="checkbox"/> TEM NIOSH
Protection: _____			LOD: _____ f/cc
Decon: _____	Stop: _____ Stop Flow: _____	Volume: _____	Fiber: <u>0</u>
Environment: _____			Field: <u>100</u>
Pump: _____	Minutes: _____ Average: _____	Volume: _____ L	f/cc: _____
Rotameter: _____			TWA: _____ f/cc

Relinquished By (Print): <u>N. Reinhardt</u>	Date: <u>3/10/20</u>	Received By (Print): _____	Date: _____
Relinquished By (Signature): <u>[Signature]</u>	Time: _____	Received By (Signature): _____	Time: _____
Analyzed By (Print): <u>D. Rauscher</u>	Date: <u>3/31/20</u>	Reviewed By (Print): _____	Date: _____
Analyzed By (Signature): <u>[Signature]</u>	Time: <u>8:30 AM</u>	Reviewed By (Signature): _____	Time: _____

Project Name: 950 Building **Project Number:** N19-0575

Project Location: 950 Fawcett Avenue **Client:** Hultz BHU
 Tacoma, WA 98402 **Supervisor:** Rick Hultz

Sample By: N Reynolds **Date:** 3/30/20 **Page:** 1 of 2

Sample ID: 950-98	Observations: LOAD OUT AREA	<input checked="" type="checkbox"/> PCM
Sample Type: I		<input type="checkbox"/> TEM NIOSH
Protection: ↓		LOD: 0.003 f/cc
Decon: ↓	Worker: SSN or Cert SEE MAP	Fiber: 5
Environment: ↓	Start: 16:00 Start Flow: 2.5	Field: 100
Pump: LV118	Stop: 23:00 Stop Flow: 2.5	f/cc: <0.003
Rotometer: LV14	Minutes: 470 Average: 2.5	TWA: f/cc
	Volume: 1050 L	

Sample ID: 950-99	Observations: CLEAN ROOM	<input checked="" type="checkbox"/> PCM
Sample Type: I		<input type="checkbox"/> TEM NIOSH
Protection: ↓		LOD: 0.003 f/cc
Decon: ↓	Worker: SSN or Cert SEE MAP	Fiber: 3
Environment: ↓	Start: 16:00 Start Flow: 2.5	Field: 100
Pump: LV17	Stop: 23:00 Stop Flow: 2.5	f/cc: <0.003
Rotometer: LV14	Minutes: 470 Average: 2.5	TWA: f/cc
	Volume: 1050 L	

Sample ID: 950-100	Observations: NEG. AIR HEPA	<input checked="" type="checkbox"/> PCM
Sample Type: H		<input type="checkbox"/> TEM NIOSH
Protection: ↓		LOD: 0.003 f/cc
Decon: ↓	Worker: SSN or Cert SEE MAP	Fiber: 0
Environment: ↓	Start: 16:00 Start Flow: 2.5	Field: 100
Pump: LV6A	Stop: 23:00 Stop Flow: 2.5	f/cc: <0.003
Rotometer: LV14	Minutes: 470 Average: 2.5	TWA: f/cc
	Volume: 1050 L	

Sample ID: 950-101	Observations: OUTSIDE DECON	<input checked="" type="checkbox"/> PCM
Sample Type: O		<input type="checkbox"/> TEM NIOSH
Protection: NA		LOD: 0.003 f/cc
Decon: ↓	Worker: SSN or Cert SEE MAP	Fiber: 6
Environment: ↓	Start: 15:45 Start Flow: 2.5	Field: 100
Pump: 473	Stop: 23:00 Stop Flow: 2.5	f/cc: 0.003
Rotometer: HV14	Minutes: 435 Average: 2.5	TWA: f/cc
	Volume: 1087.5 L	

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): NATE REYNOLDS	Date: 3/30/20	Received By (print):	Date:
Relinquished By (signature): [Signature]	Time:	Received By (signature):	Time:
Analyzed By (print): D. Bauschenberg	Date: 3/31/20	Reviewed By (print):	Date:
Analyzed By (signature): [Signature]	Time: 8:30 AM	Reviewed By (signature):	Time:



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

Page ___ of ___
Project Name: **950 Blog**

Project Number: **N19-0515**

Sample ID: 950-94	Observations: Blind Recount	Date: 3-30-20	<input checked="" type="checkbox"/> PCM
Sample Type: 0			<input type="checkbox"/> TEM NIOSH
Protection: ↓			LOD 0.007 f/cc
Decon: ↓	Worker: _____	SSN or Cert: _____	Fiber 3
Environment: ↓	Start: _____ : _____	Start Flow: _____	Field 100
Pump: ↓	Stop: _____ : _____	Stop Flow: _____	f/cc 40003
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	

Relinquished By (Print)	Date	Received By (Print)	Date
Relinquished By (Signature)	Time	Received By (Signature)	Time
Analysed By (Print)	Date	Reviewed By (Print)	Date
D. Rausch	3-31-20		
Analysed By (Signature)	Time	Reviewed By (Signature)	Time
Don	8:30 AM		