

### DAILY AIR MONITORING REPORT

DATE: \_\_\_\_\_

Requested TAT: Immediate \_\_ Same Day \_\_ 1 Day \_\_ 2 Day \_\_ 3 Day \_\_ 4 Day \_\_ 5 Day \_\_

CLIENT: \_\_\_\_\_

JOB NAME: \_\_\_\_\_

JOB NUMBER: \_\_\_\_\_

| Sample ID | Pump No. | Flow Rate (L/min.) | Cassette Type | Running Time |      | Volume (Liters) | Fibers/Field | Results Fibers/cc | Pump Calibration |       |
|-----------|----------|--------------------|---------------|--------------|------|-----------------|--------------|-------------------|------------------|-------|
|           |          |                    |               | Start        | Stop |                 |              |                   | Before           | After |
|           |          |                    | 25mm          |              |      |                 |              |                   |                  |       |
|           |          |                    | 25mm          |              |      |                 |              |                   |                  |       |
|           |          |                    | 25mm          |              |      |                 |              |                   |                  |       |
|           |          |                    | 25mm          |              |      |                 |              |                   |                  |       |
|           |          |                    | 25mm          |              |      |                 |              |                   |                  |       |
|           |          |                    | 25mm          |              |      |                 |              |                   |                  |       |

ANALYTICAL METHOD: **NIOSH 7400** NIOSH PROFICIENCY ANALYTICAL TESTING ID No: \_\_\_\_\_ ASBESTOS ANALYSTS REGISTRY No: \_\_\_\_\_

| Sample ID | Sample Type | Worker's Name | Social Security No. | Location | Inside/Outside | Activity | Type of Respirator | Results TWA | Results 30 Min. STEL |
|-----------|-------------|---------------|---------------------|----------|----------------|----------|--------------------|-------------|----------------------|
|           |             |               |                     |          |                |          |                    |             |                      |
|           |             |               |                     |          |                |          |                    |             |                      |
|           |             |               |                     |          |                |          |                    |             |                      |
|           |             |               |                     |          |                |          |                    |             |                      |
|           |             |               |                     |          |                |          |                    |             |                      |

COMMENTS: OL-FP = Overloaded Fibrous Particulate OL-NFP = Overloaded Nonfibrous Particulate OL - MIXED = Overloaded Fibrous / Nonfibrous Particulate

Clean Air Standard = ≤ 0.010 f/cc OSHA TWA Limit = ≤ 0.100 f/cc STEL Limit = ≤ 1.00 f/cc

**KEY TO ABBREVIATIONS**

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|---|
| SAMPLE TYPE: PRS = personnel; PRM = perimeter; ENV = environmental; BGD = background; BLK = field blank |
| CL= clearance; FC = final clearance; HEX = hepa exhaust, ACTIVITY: REM = removal; EXC = excursion       |
| CLN = clean-up; GLBG = glove bag; BGLO = bag load out; PREP = site prep; IC = inside containment;       |
| OC = outside contain; RESP TYPE: HM = half mask neg; FF = full face neg; PAPR = powered                 |
| air purifying; SAC = supplied air const; SAPD = supplied air pressure demand; SCBA = SCBA               |

Sampled by: \_\_\_\_\_

Analyzed by: \_\_\_\_\_