PERSONNEL MONITOR CARD

PLANT	REG. AREA No.	SOCIAL SEC. No.	NAME LAST	INIT	DATE MO DA YR	SAMPLE NUMBE
1 2	3 4 5	6 7 8 9 10 11 12 13 14	15 16 17 18 19 20 21 22 23 24 25 26 27 28	29 30	31 32 33 34 35 36	37 38 39 40

JOB CODE	SHF*	SPECIFIC TASK NO.	R P *	P.M. VCM (PPM)	OPTIONAL EXTRA INFO OVA AVG	OVA MAX	No RD	BENDIX TWA	TIME BEGUN	EXPOS TIME, MIN.		A C *
41 42 43 44	45 46 47	48 49 50	51	52 53 54	55 56 57	58 59	60	61 62	63 64 65 66	67 68 69	70 71 72 73 74 75 76 77 78 79	80

SUPERVISOR	AIR FLOW RATE	SPLE VOL	TOTAL VCM

* SHF = SHIFT - A, B, C, OR D.
R.P. = RESPIRATORY PROTECTION TYPE : 0 = NONE, 1 = CARTRIDGE
2 = AIR RESPIR., 3 = CANNISTER
A.C. = ACTIVITY CODE - IGNORE

REPORT TO EMPLOYEE ?
DATE SHOWN
EMPLOYEE INIT.

NGC35620