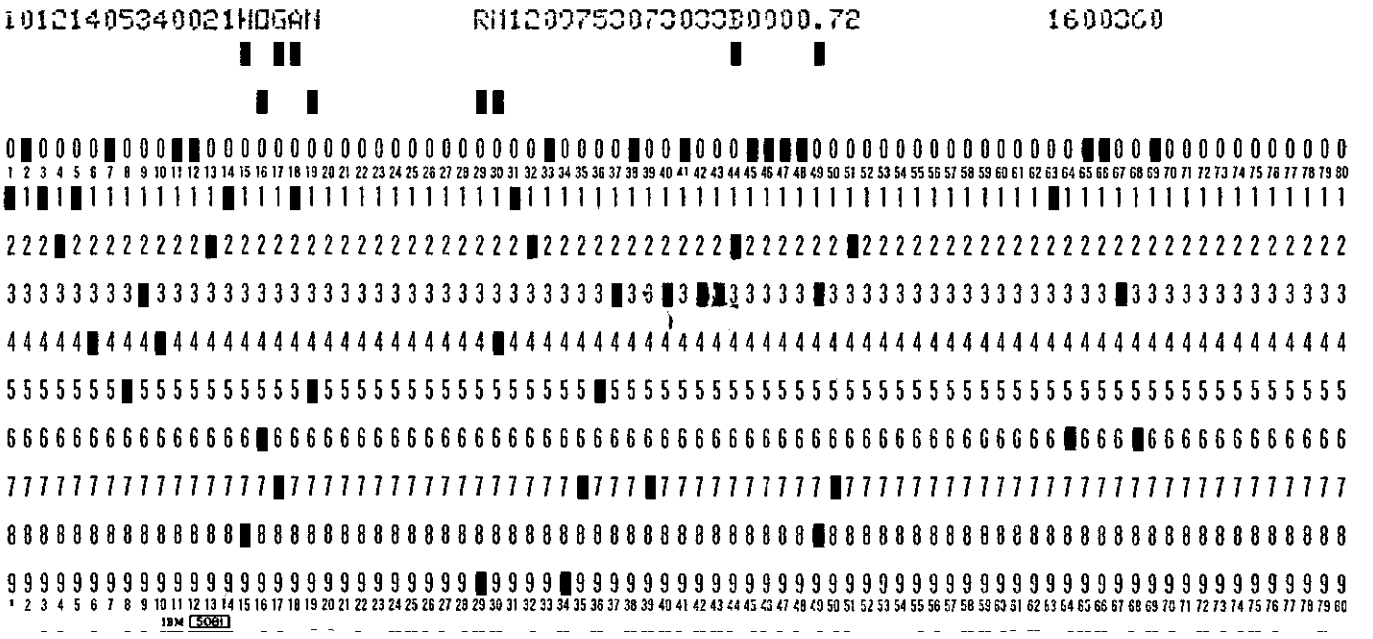
10121405340021HOGAN RN1200753073033B0000.72 1600360
IBM 5081

NGC35071

PERSONNEL MONITORING CARD

PLANT NO.	BUILDING NO.	SOCIAL SECURITY NO.	LAST NAME	INITIALS	DATE MO.	DATE DAY	DATE YEAR	FLASHER TUBE NUMBER
10	12Y	405 34 0021	HOGAN	RM	12	09	75	3073
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	SHIFT	SPECIFIC TASK NO.	RESP.	RESULT VCM (PPM)	TIME START	EXPOSED TIME	AC
033	B	000	0	.72	1600	360	
41 42 43	44	45 46 47	48	49 50 51	63 64 65 66	67 68 69	80

TIME END: 2200

PUMP NUMBER: 17

SAMPLE FLOW RATE	START	END
	55.8 SEC	57.4 SEC

SPL. VOLUME	TOTAL VCM

EMPLOYEE SIGNATURE

THIS IS TO SHOW THAT I HAVE SEEN THE RESULT OF MY SAMPLE. DATE ____

SIGNATURE RM Hogan

SHIFT	ROTATING A	ROTATING B	ROTATING C	ROTATING D	STRAIGHT 8-4 E	STRAIGHT 4-12 F	STRAIGHT 12-8 G	VAC. RELIEF H
		(B)						

SPECIAL SAMPLES	
	AMBIENT
	STATIC
	OTHER

DEPT. 5762 SUPERVISOR Jamison

REMARKS: CODE FOR LINE 48 RESPIRATOR 0 = NONE USED, 1 = CARTRIDGE, 2 = AIR LINE, 3 CANNISTER, 4 = SCOTT AIR PACK

IF A RESPIRATOR IS WORN AT ANY TIME DURING THE SAMPLING PERIOD ENTER APPROPRIATE CODE.

ENTER ANY OTHER REMARKS THAT YOU FEEL ARE IMPORTANT PERTAINING TO THIS SAMPLE

PROOF READ SHEET TO MAKE SURE THAT ALL ENTRIES ARE CORRECT AND COMPLETE

NGC35072