

Date: _____
Project: _____
Location: _____
Building: _____

Residual dust on:		Yes	No			Yes	No
a.	Floor	_____	_____	e.	Horizontal	_____	_____
b.	Horizontal surfaces	_____	_____	f.	Pipes	_____	_____
c.	Pipes	_____	_____	g.	Ducts	_____	_____
d.	Ventilation equipment	_____	_____	h.	Register	_____	_____
				i.	Lights	_____	_____

Record any problems encountered here.

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

FINAL AIR SAMPLE RESULTS: _____

Figure F-7. Clearance Checklist

BILLING CODE 4510-28-C