1811

WV-0195 #80

WORKPLACE ENVIRONMENT MONITORING - FIELD DATA SHEET

Page ____ of ____

Date 9-17-84 Project ASBESTOS Department 327000

General Operating Conditions: Bldg 189 STRIPPING INSULATION OFF STEAM LINE BETWEEN FALSE CEILING & 2ND FLOOR

Sampling Method and Equipment: Personal ____ : Area ✓ : Portable Sampler Pump ✓ : Charcoal Tube ____ : Bag ____ : Other ✓ CASSETTE

Remarks: SIGNS UP & BAR MASKS

Shift: Day ✓ Eve. ____ Mid. ____ No. Employees ____ Sampled By 2 BM

Employee Name, Job Title, Payroll No., Soc. Sec. No., Bldg. No. - Monitoring Loc. Smoke - Chew?	Sample No.	Pump Ser. Number	Pump Kv	Pump Flow Control Set	Initial Pump Reading	Final Pump Reading	Net Pump Reading	Start (Time)	Stop (Time)	Net Sample Time, Min.	Volume, Liters.	Conc., ppmv
	1	9376	500/15		2.0 LPM	2 LPM		0915	1155	160	320	.318
						8-1=7						
						7 FC/100 fields						
						.7 X 855						
						5.8 X 320						

1876

Marks: (See Reverse Side)

UCC 0012164

INDUSTRIAL HYGIENE WORKPLACE SAMPLING

DATA SHEET NO.	PLANT	MO.DAY YR.	SAMPLER INITS.	PROCESS NO. / AIDS NO.	PROCESS OR UNIT NAME	BLDG. OR ZONE	ROOM OR LEVEL	ADD'L. QUALIFICATIONS	77 78 79 80
1876	0514	091784	LEM	327000	MAINTENANCE	189			100

TEMPERATURE AM	TEMPERATURE PM	BAROM. PRESS. AM	BAROM. PRESS. PM	RELATIVE HUMIDITY	WEATHER CONDITIONS	77 78 79 80
						110

KEYPUNCH DATA SHEET NO. IN COLS. 1 - 5 OF EACH CARD

Line	SAMPLING DATA TYPE (BZ P Q A S)	METHOD (CT MI FC G DT OR I)	SAMPLE NUMBER	TIME START	TIME STOP	TOTAL (MIN.)	RATE AVG.	UNIT (CC LPM CFM)	VOLUME	UNIT (CC L CF)	ABNOR.	REASON FOR SAMPLE	COMMENTS	UPDATE	78 79 80
200	X	X		10915	1155	160	2.0	X	320.0	X	N				200
210															210
220															220
230															230
240															240
250															250
260															260
270															270
280															280
290															290

Line	ANALYTICAL DATA NAME	CONTAMINANT INDEX NO.	UNCER.	TOTAL WT.	UNIT	AIR CONCEN.	R. DUST	PPM (B)	MFG/M³	UNIT F/CC	MPPCF	TLV	C VALUE	METHOD	REFERENCE	DATE MO.	DATE DAY	ANAL. BY INITS.	UPDATE	78 79 80
300	ASBESTOS	671				.318				X		.5		MI	38C-29X4-R1A	09	19	LEM		300
310																				310
320																				320
330																				330
340																				340
350																				350
360																				360
370																				370
380																				380
390																				390

Line	PERSONNEL DATA LAST NAME	F I	M I	S S NUMBER	DEPT.	JOB CLASS / FEO CODE	PROTECTION USED (FS BC R RESP GLV CLTH GOG)	TOBACCO	UNCER.	TWA	SAMPLED IN AREA	EXPOSURE TIME HRS.	MINS.	EXPIRATION	EXP. ANAL.	UPDATE	78 79 80
400																	400
410																	410
420																	420
430																	430
440																	440
450																	450
460																	460
470																	470
480																	480
490																	490

INDUSTRIAL HYGIENE WORKPLACE SAMPLING SUPPLEMENTAL COMMENTS

1–5	6–9 PLANT	10–15 MO DAY YR
W1876	C514	091784

16–76	77 UPDATE	78–80 LINE NO.
STRIPPING INSULATION OFF STEAM LINE BETWEEN FALSE CEILING AND		101
SECOND FLOOR.		102

SIGNATURE

DATE