

INDUSTRIAL HYGIENE VCM SAMPLING SHEET

Redacted

Plant Name or Number	Bldg. No.	Sampling Equipment (other than OVA)	Name / Job Classification	Type of Filter	OVA Number	Background reading (ppm)
V-46	10	Flow LPM 1.0 Pump No. 10 Sampling Time ON 4:20 AM OFF 2:50 AM	R.O. "B" Line	WEARING Respirator (Check One) ☒ None Air Cart.	NONE	Abson 89143 Black
V-47	8	Flow LPM 1.0 Pump No. 8 Sampling Time ON 2:46 AM OFF 2:53 PM	Mechanic			B/2 1st Floor
V-48	9	Flow LPM 1.0 Pump No. 9 Sampling Time ON 3:00 AM OFF 3:10 PM	Operator A Line			Repairing #3 Cubes
V-49	3	Flow LPM 1.0 Pump No. 3 Sampling Time ON 3:00 AM OFF 3:58 PM	Helper Millroom			B/2 1st Floor
V-50	10	Flow LPM 1.0 Pump No. 10 Sampling Time ON 3:40 AM OFF 3:50 PM	Helper Millroom			Clean-up
V-51	8	Flow LPM 1.0 Pump No. 8 Sampling Time ON 4:05 AM OFF 4:15 PM	Millroom Foreman			B/2 1st Floor
V-52	3	Flow LPM 1.0 Pump No. 3 Sampling Time ON 4:50 AM OFF 5:00 PM	Per. Monitor			Cleaning #1 Cubes
V-53	9	Flow LPM 1.0 Pump No. 9 Sampling Time ON 4:50 AM OFF 5:00 PM	Per. Monitor			B/2 1st Floor

Signature R. Martin Date 8-23 1974 Supervisor Signature W. K. Smith Date 8/23/74