ATTACHMENT "B"

CC: Mechanical Occupational Health Coordinator,
Mechanical Training Building (with sample)

EXHIBIT # Dupont 26K
DATE 04 5 1983

ASBESTOS IDENTIFICATION WORK SHEET

1. Area _____

2. Building name and number _____

3. Location of sampling _____
(Provide sketch if necessary)

_____

_____

4. Size of equipment or piping sampled _____

_____

_____

_____

5. Area sample number _____

*6. Department sample number _____

7. Date sampled _____

8. Sampled by _____

REMARKS:

*Assigned by Mechanical Occupational Health Coordinator after sampling.

10/82

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