

ADVANCED AIR ANALYSIS, INC.

ASBESTOS AIR SAMPLING FORM

DATE: _____ JOB # _____ # OF SAMPLES: _____

PROJECT NAME: _____

CLIENT: _____

CONTRACTOR: _____

IH NAME: _____ SIGNATURE *[Signature]*

MICROSCOPE MODEL # _____

MICROSCOPE SERIAL # _____

HSE/NPL SLIDE CALIBRATION LFV _____ FCI _____

OCULAR PHASE RING CALIBRATION YES NO

PAGE # _____ OF _____

SAMPLE NUMBER	SAMPLE TYPE / PUMP ID	SAMPLE LOCATION	START TIME / FLOW	STOP TIME / FLOW	TOTAL TIME (MIN)	VOLUME (LITERS)	FIBERS/ FIELDS	DET. LIMIT	F/CC	COMMENTS
	QA	SAMPLE #								Range to
	QC	SAMPLE #								
DUPLICATE	SAMPLE #									
BLANK	LAB BLANK									
BLANK	FIELD BLANK									
	BLANK	FIELD BLANK								
	BLANK	FIELD BLANK								
	BLANK	FIELD BLANK								

AM - AMBIENT AIR SAMPLE OA - OUTSIDE WORK AREA HP - EXHAUST OF HEPA NEGATIVE PRESSURE UNIT PS - PERSONAL AIR SAMPLE
 BS - BACKGROUND AIR SAMPLE FC - FINAL CLEARANCE WA - INSIDE WORK AREA EX - 30 MINUTE BREATHING ZONE DURING PEAK REMOVAL