



April 14, 2023

Asbestos Specialists, Inc.
Mr. Shawn Morosko
P. O. Box 368
Linthicum Heights, MD 21090 – 0368

**RE: “MONTGOMERY COLLEGE” AAA JOB # 23288
7600 TACOMA AVENUE, TACOMA PARK, MARYLAND**

LIBRARY RENOVATION PROJECT (BUILDING # 306)

ASBESTOS ABATEMENT PROJECT MONITORING; “PCM” AIR SAMPLING AND ANALYSIS

Dear Mr. Morosko:

Pursuant to your request, on April 11, 12 & 13, 2023, Advanced Air Analysis, Inc. (AAA) performed asbestos abatement project monitoring, air sampling & Phase Contrast Microscopy (PCM) analysis during the asbestos abatement project in Owner & Client selected locations inside Montgomery College Resource Center building located at 7600 Tacoma Ave, Tacoma Park, Maryland. The abatement contractor performing the job was ASI, Inc. The firm is located in Elkridge, Maryland and is licensed in the State of Maryland to perform asbestos abatement work. The following is approximate quantity of ACM removed in the work area:

Area	Scope of Work
1 st floor Corridor 192	Removal of ~ 465 SF of 12” x 12” floor tile and associated black mastic. PCM finals on April 11, 2023.
Stair #5 Landing	Removal of ~ 210 SF of 12” x 12” floor tile and associated mastic under rubber stair tread. PCM finals on April 12, 2023.
2 nd floor Bathroom near Rooms 211-213A	Removal of ~ 17 fittings and 45 LF of pipe insulation. PCM finals on April 13, 2023.
1 st floor construction area North-West	Removal of ~180 SF flooring (carpet and mastic). PCM finals on April 13, 2023.

ASBESTOS ABATEMENT MONITORING

Michael Kagan, Industrial Hygienist (IH) with AAA, and accredited asbestos inspector/supervisor, who completed NIOSH 582 class “Analysis of airborne asbestos samples”, performed visual inspection, air sampling & on-site PCM analysis.

The asbestos abatement project was conducted by trained personnel wearing protective clothing and appropriate respiratory protection inside a negative pressure containment area utilizing wet method, HEPA vacuums & following all applicable federal & the State of Maryland asbestos abatement regulations.

All PCM air samples collected outside the work area during the asbestos abatement were analyzed by PCM technique following the requirements of NIOSH 7400 Method with results of less than <0.010 f/cc. “Personal” air samples for OSHA compliance were collected during the abatement project and analyzed by PCM technique. No elevated levels were detected, with results below OSHA Eight hour-time Weighted Average (TWA) Permissible Exposure Level of 0.1 f/cc.

After completion of the removal and final visual inspection, the work area was encapsulated & final air samples were collected and analyzed on-site by PCM technique following the requirements of NIOSH 7400 Method with the results of less than <0.010 f/cc, State of Maryland final clearance level.

AAA participates in “Asbestos Analysts Registry” (AAR) & “Proficiency Analytical Testing” (PAT) quality control programs, established by the American Industrial Hygiene Association (AIHA). The following table shows air samples result:

**“PCM” AIR SAMPLE RESULTS:
“MONTGOMERY COLLEGE”
7600 TACOMA AVENUE, TACOMA PARK, MARYLAND**

LIBRARY RENOVATION PROJECT (BUILDING # 306)

SAMPLE #	SAMPLE TYPE/LOCATION	RESULT F/CC
23288-041123-03	Outside WA - Entrance to corridor 192 @decon	<0.010
23288-041123-04	STEL - Edgar Pascual SSN# ***-**2391 During flooring removal - Half face	<0.065**
23288-041123-05	Inside WA - Corridor 192 West	0.023
23288-041123-06	Outside WA - Corridor next to Room 115	<0.010
23288-041123-07	Personal - Edgar Pascual SSN# ***-**2391 During flooring removal - Half face	0.035
23288-041123-08	Final Inside WA - Corridor 192 West	<0.010
23288-041123-09	Final Inside WA - Corridor 192 East	<0.010
23288-041223-03	Outside WA - Stair #5 2 nd floor - at decon	<0.010
23288-041223-04	Outside WA - Stair #5 2 nd floor – at critical	<0.010
23288-041223-05	STEL - Isias Ramero SSN# ***-**3167 During flooring removal - Half face	<0.065
23288-041223-06	Inside WA - Stair #5 center	0.022
23288-041223-07	Personal - Isias Ramero SSN# ***-**3167 During flooring removal - Half face	0.035
23288-041223-08	Final Inside WA - Stair #5 top landing	<0.010
23288-041223-09	Final Inside WA - Stair #5 bottom landing	<0.010
23288-041223-10	Outside WA - 1 st floor Entrance to construction area @decon	<0.010
23288-041223-11	Outside WA - 1 st floor Entrance to construction area @critical	<0.010
23288-041223-12	STEL - Isias Ramero SSN# ***-**3167 During cutting ductwork - half face	<0.065
23288-041223-13	Personal - Isias Ramero SSN# ***-**3167 During cutting ductwork - half face	<0.013
23288-041323-03	Outside WA - 1 st floor Construction Entrance – at decon	<0.010
23288-041323-04	Outside WA - 2 nd floor Bathroom near Rooms 211-213A @decon	<0.010
23288-041323-05	STEL - Salomon Calel SSN# ***-**1028 During pipe insulation removal - Half face	<0.065
23288-041323-06	Personal - Salomon Calel SSN# ***-**1028 During pipe insulation removal - Half face	0.029
23288-041323-07	Final Inside WA - 2nd floor Bathroom near Rooms 211-213A	<0.010
23288-041323-08	Final Inside WA - 2nd floor Bathroom near Rooms 211-213A	<0.010

SAMPLE #	SAMPLE TYPE/LOCATION	RESULT F/CC
23288-041323-09	Outside WA - 1 st floor construction area North-East – at decon	<0.010
23288-041323-10	Personal - Salomon Calel SSN# ***-**-1028 During flooring removal - Half face	0.033
23288-041323-11	Final Inside WA - 1st floor Construction North-East	<0.010
23288-041323-12	Final Inside WA - 1st floor Construction center	<0.010
23288-041323-13	Final Inside WA - 1st floor Construction North-West	<0.010
23288-041323-14	Final Inside WA - 1st floor Construction North-West	<0.010

**No "blanks" or QA/QC samples reported this table. **Based on collected volume & detection limit.*

Enclosed please find copies of air sampling forms, daily log, and inspection forms for this project. If you have any questions regarding this letter or air sampling results, please do not hesitate to contact me at (410) 653-7676.

Sincerely,



Alexander Fridman, President
Senior Industrial Hygienist

ADVANCED AIR ANALYSIS, INC.

ASBESTOS AIR SAMPLING FORM

DATE: _____ JOB # _____ # OF SAMPLES: _____

PROJECT NAME: _____

CLIENT: _____

CONTRACTOR: _____

IH NAME: _____ SIGNATURE *Michael Kagan*

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

ADVANCED AIR ANALYSIS, INC.

FINAL-ABATEMENT INSPECTION FORM

PROJECT NAME: _____ DATE: _____

ADDRESS: _____

PROJECT DESCRIPTION: _____

ABATEMENT CONTRACTOR: _____

SUPERVISOR NAME: _____

IH NAME/SIGNATURE: _____

INSPECTION TIME: _____ INSPECTION DATE: _____

WORK-SITE INSPECTION	NOT			COMMENTS
	YES	NO	APPLICABLE	
1. FLOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. PIPES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. VENTILATION EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. DUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. ALL OTHER HORIZONTAL SURFACES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. ALL OTHER VERTICAL SURFACES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. NAME OF ENCAPSULANT USED: _____				_____
9. THE WORK AREA WAS FOUND TO BE ACCEPTABLY FREE OF DUST AND DEBRIS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RESULT OF FINAL VISUAL INSPECTION:

INSPECTOR: _____

SIGNATURE: Michael Kagan

DATE: _____

TIME: _____

TYPE OF FINAL CLEARANCE AIR SAMPLES

PCM TEM

FOR FINAL AIR SAMPLE RESULTS PLEASE SEE AIR SAMPLING FORM FOR "PCM" ANALYSIS OR LABORATORY ANALYSIS REPORT FOR "TEM" ANALYSIS

ADVANCED AIR ANALYSIS, INC.

PRE-ABATEMENT INSPECTION FORM

PROJECT NAME: _____ DATE: _____

ADDRESS: _____

PROJECT DESCRIPTION: _____

ABATEMENT CONTRACTOR: _____

SUPERVISOR NAME: _____

IH NAME: _____

WORK-SITE PREPARATION	NOT			COMMENTS
	YES	NO	APPLICABLE	
1. SIGNAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
AIRLOCK-DECONTAMINATION				
2. CLEAN ROOM - 1 ST STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. SHOWER AREA - 2 ND STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. EQUIPMENT ROOM - 3 RD STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WORK AREA ISOLATION				
5. 6 ML PLASTIC USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. FLOOR PLASTIC (2 LAYERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. WALL PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. CRITICAL BARRIERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. GLOVE BAGS USED/SMOKE TESTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ABATEMENT EQUIPMENT				
10. H.E.P.A FILTERED VACUUMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. H.E.P.A VENTILATION UNITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. WATER HOSES PRESENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. AMENDED WATER SPRAYERS PRESENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. SURFACTANT / TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. ENCAPSULANT / TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. PROTECTIVE CLOTHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. RESPIRATORY PROTECTION / TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. WORKERS LICENSING / TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

AUTHORIZATION TO PROCEED:

DATE: _____ TIME: _____

IH SIGNATURE: Michael Kagan

ADVANCED AIR ANALYSIS, INC.

PRE-ABATEMENT INSPECTION FORM

PROJECT NAME: _____ DATE: _____

ADDRESS: _____

PROJECT DESCRIPTION: _____

ABATEMENT CONTRACTOR: _____

SUPERVISOR NAME: _____

IH NAME: _____

WORK-SITE PREPARATION	NOT			COMMENTS
	YES	NO	APPLICABLE	
1. SIGNAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
AIRLOCK-DECONTAMINATION				
2. CLEAN ROOM - 1 ST STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. SHOWER AREA - 2 ND STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. EQUIPMENT ROOM - 3 RD STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WORK AREA ISOLATION				
5. 6 ML PLASTIC USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. FLOOR PLASTIC (2 LAYERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. WALL PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. CRITICAL BARRIERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. GLOVE BAGS USED/SMOKE TESTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ABATEMENT EQUIPMENT				
10. H.E.P.A FILTERED VACUUMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. H.E.P.A VENTILATION UNITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. WATER HOSES PRESENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. AMENDED WATER SPRAYERS PRESENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. SURFACTANT / TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. ENCAPSULANT / TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. PROTECTIVE CLOTHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. RESPIRATORY PROTECTION / TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. WORKERS LICENSING / TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

AUTHORIZATION TO PROCEED:

DATE: _____ TIME: _____

IH SIGNATURE: Michael Kagan

ADVANCED AIR ANALYSIS, INC.

FINAL-ABATEMENT INSPECTION FORM

PROJECT NAME: _____ DATE: _____

ADDRESS: _____

PROJECT DESCRIPTION: _____

ABATEMENT CONTRACTOR: _____

SUPERVISOR NAME: _____

IH NAME/SIGNATURE: _____

INSPECTION TIME: _____ INSPECTION DATE: _____

WORK-SITE INSPECTION	NOT			COMMENTS
	YES	NO	APPLICABLE	
1. FLOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. PIPES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. VENTILATION EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. DUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. ALL OTHER HORIZONTAL SURFACES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. ALL OTHER VERTICAL SURFACES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. NAME OF ENCAPSULANT USED: _____				_____
9. THE WORK AREA WAS FOUND TO BE ACCEPTABLY FREE OF DUST AND DEBRIS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RESULT OF FINAL VISUAL INSPECTION:

INSPECTOR: _____

SIGNATURE: Michael Kagan

DATE: _____

TIME: _____

TYPE OF FINAL CLEARANCE AIR SAMPLES

PCM TEM

FOR FINAL AIR SAMPLE RESULTS PLEASE SEE AIR SAMPLING FORM FOR "PCM" ANALYSIS OR LABORATORY ANALYSIS REPORT FOR "TEM" ANALYSIS

ADVANCED AIR ANALYSIS, INC.

ASBESTOS AIR SAMPLING FORM

DATE: _____ JOB # _____ # OF SAMPLES: _____

PROJECT NAME: _____

CLIENT: _____

CONTRACTOR: _____

IH NAME: _____ SIGNATURE *Michael Kagan*

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
BS - BACKGROUND AIR SAMPLE

OA - OUTSIDE WORK AREA
FC - FINAL CLEARANCE

HP - EXHAUST OF HEPA NEGATIVE PRESSURE UNIT
WA - INSIDE WORK AREA

PS - PERSONAL AIR SAMPLE
EX - 30 MINUTE BREATHING ZONE DURING PEAK REMOVAL

ADVANCED AIR ANALYSIS, INC.

PRE-ABATEMENT INSPECTION FORM

PROJECT NAME: _____ DATE: _____

ADDRESS: _____

PROJECT DESCRIPTION: _____

ABATEMENT CONTRACTOR: _____

SUPERVISOR NAME: _____

IH NAME: _____

WORK-SITE PREPARATION	NOT			COMMENTS
	YES	NO	APPLICABLE	
1. SIGNAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
AIRLOCK-DECONTAMINATION				
2. CLEAN ROOM - 1 ST STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. SHOWER AREA - 2 ND STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. EQUIPMENT ROOM - 3 RD STAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WORK AREA ISOLATION				
5. 6 ML PLASTIC USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. FLOOR PLASTIC (2 LAYERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. WALL PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. CRITICAL BARRIERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. GLOVE BAGS USED/SMOKE TESTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ABATEMENT EQUIPMENT				
10. H.E.P.A FILTERED VACUUMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. H.E.P.A VENTILATION UNITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. WATER HOSES PRESENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. AMENDED WATER SPRAYERS PRESENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. SURFACTANT / TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. ENCAPSULANT / TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. PROTECTIVE CLOTHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. RESPIRATORY PROTECTION / TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. WORKERS LICENSING / TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

AUTHORIZATION TO PROCEED:

DATE: _____ TIME: _____

IH SIGNATURE: Michael Kagan

ADVANCED AIR ANALYSIS, INC.

FINAL-ABATEMENT INSPECTION FORM

PROJECT NAME: _____ DATE: _____

ADDRESS: _____

PROJECT DESCRIPTION: _____

ABATEMENT CONTRACTOR: _____

SUPERVISOR NAME: _____

IH NAME/SIGNATURE: _____

INSPECTION TIME: _____ INSPECTION DATE: _____

WORK-SITE INSPECTION	NOT			COMMENTS
	YES	NO	APPLICABLE	
1. FLOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. PIPES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. VENTILATION EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. DUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. ALL OTHER HORIZONTAL SURFACES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. ALL OTHER VERTICAL SURFACES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. NAME OF ENCAPSULANT USED: _____				_____
9. THE WORK AREA WAS FOUND TO BE ACCEPTABLY FREE OF DUST AND DEBRIS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RESULT OF FINAL VISUAL INSPECTION:

INSPECTOR: _____

SIGNATURE: Michael Kagan

DATE: _____

TIME: _____

TYPE OF FINAL CLEARANCE AIR SAMPLES

PCM TEM

FOR FINAL AIR SAMPLE RESULTS PLEASE SEE AIR SAMPLING FORM FOR "PCM" ANALYSIS OR LABORATORY ANALYSIS REPORT FOR "TEM" ANALYSIS

ADVANCED AIR ANALYSIS, INC.

ASBESTOS AIR SAMPLING FORM

DATE: _____ JOB # _____ # OF SAMPLES: _____

PROJECT NAME: _____

CLIENT: _____

CONTRACTOR: _____

IH NAME: _____ SIGNATURE *Michael Kagan*

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
BS - BACKGROUND AIR SAMPLE

OA - OUTSIDE WORK AREA
FC - FINAL CLEARANCE

HP - EXHAUST OF HEPA NEGATIVE PRESSURE UNIT
WA - INSIDE WORK AREA

PS - PERSONAL AIR SAMPLE
EX - 30 MINUTE BREATHING ZONE DURING PEAK REMOVAL

ADVANCED AIR ANALYSIS, INC.

ASBESTOS AIR SAMPLING FORM

PROJECT NAME: _____

DATE: _____

JOB # _____

IH NAME: _____ SIGNATURE *Michael Kagan*

OF SAMPLES: _____

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

AM - AMBIENT AIR SAMPLE
BS - BACKGROUND AIR SAMPLE

OA - OUTSIDE WORK AREA
FC- FINAL CLEARANCE

HP - EXHAUST OF HEPA NEGATIVE PRESSURE UNIT
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EX - 30 MINUTE BREATHING ZONE DURING PEAK REMOVAL