

BEFORE PAGE 02/02  
C: AAA  
AIR SAMPLE LOG

WHITE COPY - FILE  
YELLOW COPY - LABORATORY  
PINK COPY - PROJECT MANAGER

| CASSETTE                                                  |  |  |  |                                             | ROTOMETER                 |  | TURNAROUND TIME                                                           |                                             | TYPE                                                                        |                           | RESULTS TO                     |                 |  |                |  |
|-----------------------------------------------------------|--|--|--|---------------------------------------------|---------------------------|--|---------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|---------------------------|--------------------------------|-----------------|--|----------------|--|
| <input checked="" type="checkbox"/> PCM (0.8 MICRON MCE)  |  |  |  |                                             | ID# <u>003</u>            |  | <input type="checkbox"/> 2 HRS <input checked="" type="checkbox"/> 24 HRS |                                             | <input type="checkbox"/> PRE-ABATE <input type="checkbox"/> OSHA            |                           | NAME _____                     |                 |  |                |  |
| <input checked="" type="checkbox"/> TEM (0.45 MICRON MCE) |  |  |  |                                             | C.F. <u>6057</u>          |  | <input type="checkbox"/> 4 HRS <input type="checkbox"/> 48 HRS            |                                             | <input type="checkbox"/> DURING <input checked="" type="checkbox"/> ENVIRON |                           | PHI/PGR#( ) _____              |                 |  |                |  |
| LOT # _____                                               |  |  |  |                                             | CALIB. DATE <u>7/1/01</u> |  | <input type="checkbox"/> 6 HRS <input type="checkbox"/> OTHER _____       |                                             | <input type="checkbox"/> POST-ABATE <input type="checkbox"/> AMBIENT        |                           | DATE <u>7/15/01</u> TIME _____ |                 |  |                |  |
| CHAIN OF CUSTODY                                          |  |  |  |                                             |                           |  |                                                                           |                                             |                                                                             | DATE                      |                                | TIME            |  |                |  |
| RELINQUISHED BY: (print) <u>Simon Anderson</u>            |  |  |  |                                             |                           |  |                                                                           |                                             |                                                                             | (sign) <u>[Signature]</u> |                                | <u>7/17/01</u>  |  | <u>1430</u>    |  |
| RECEIVED BY: (print) <u>ESL/CHSL</u>                      |  |  |  |                                             |                           |  |                                                                           |                                             |                                                                             | (sign) <u>[Signature]</u> |                                | <u>7/17/01</u>  |  | <u>6:35 PM</u> |  |
| RELINQUISHED BY: (print) _____                            |  |  |  |                                             |                           |  |                                                                           |                                             |                                                                             | (sign) _____              |                                | _____/____/____ |  | ____/____/____ |  |
| RECEIVED BY: (print) _____                                |  |  |  |                                             |                           |  |                                                                           |                                             |                                                                             | (sign) _____              |                                | _____/____/____ |  | ____/____/____ |  |
| ENTERED BY: (print) _____                                 |  |  |  |                                             |                           |  |                                                                           |                                             |                                                                             | (sign) _____              |                                | _____/____/____ |  | ____/____/____ |  |
| CORRECTED BY: (print) _____                               |  |  |  |                                             |                           |  |                                                                           |                                             |                                                                             | (sign) _____              |                                | _____/____/____ |  | ____/____/____ |  |
| LAB INFORMATION                                           |  |  |  |                                             |                           |  |                                                                           |                                             |                                                                             |                           |                                |                 |  |                |  |
| LAB NAME:                                                 |  |  |  | METHODOLOGY                                 |                           |  |                                                                           | MICROSCOPE/SERIAL #                         |                                                                             |                           |                                | COMMENTS:       |  |                |  |
| ANALYZED BY:                                              |  |  |  | <input type="checkbox"/> PCM - NIOSH 7400 A |                           |  |                                                                           | <input type="checkbox"/> OLYMPUS BH2/204104 |                                                                             |                           |                                |                 |  |                |  |
| DATE: / / TIME:                                           |  |  |  | <input type="checkbox"/> TEM - AHERA        |                           |  |                                                                           | <input type="checkbox"/> OLYMPUS CHS/7C0021 |                                                                             |                           |                                |                 |  |                |  |
| QC BY: DATE:                                              |  |  |  | <input type="checkbox"/> TEM - EPA LEVEL II |                           |  |                                                                           |                                             |                                                                             |                           |                                |                 |  |                |  |