Air/Material Sampling Report

Michigan Department of Labor and Economic Opportunity
Michigan OSHA/Occupational Health Laboratory

1. Reporting ID					2. Ins	2. Inspection/Visit/Intervention Number					3.	3. Sampling Number						
4. Establishment Name											5. Public/Private (For Consultation use only) Self-Help Public Private							
6. Person Performing Sampling (Signature)							7. CSHO ID			8.	8. Sampling Date 9. Shipping Date				e			
10. Employee Name						11. Job Title												
12. Exposure Information							13. Photo(s)											
Number Frequency						_				Yes No								
Exposur							e Summary 24. Citation/Hazard Information											
14.	15. Sub-	16.	17.	18.	19.	20.	21.	22.	23.		itation/		Inforn	nation	1		T	
Line No.	stance Code	Rqstd.	Sample Type	Ехр. Туре	Exp.Level	Units	PEL	Adj.	Severity	No. Cited	FTA	Over Exp.	Eng.	PPE	Trng.	Med.	Other	No Haz.
1.																		
2.																		
3.																		
4.																		
5.																		
25. Ad	dditives (e	nter Line r	umbers fo	r those age	ent contrib	outing to a	dditive	effect)										
26. Total Number of Lines (14): 27. Date Resul					Results R	sults Received from			28. Pump Model			Pump Number						
Sampling Data																		
29. Sa	ample Sub	mission N	umber															
30. Sa	ample Typ	e/Media																
31. Filter/Tube Number																		
32. Time On																		
Time Off																		
33. Total Time (in minutes)																		
34. Flow Rate I/min II/min																		
35. Vo	olume (in l	iters)																
36. Lab Sample Number																		
37. Analyze For: 38. Reporting Limit							Result				lts							
1.													-					-
2.																		
3.											_							
4.											-			-				
5. 39. Results Expressed In (unless otherwise noted)								40). Test Me	thod								
10. 100. 100. 100.																		
41. Interferences & IH Comments to Lab 42. Supp					ipporting (oorting Samples (Blanks)			43. Chain of Custody						Date		Init	ials
									a. Seals Intact?						YN			
									b. Received in Lab									
44. Analyst's Comments Supporting					orting Sam	g Samples (Bulks) c. Received by An					t							
						d. Analyst Complet												
						e. Calculations Che f. Supervisor Appro											-	

Samples NOT blank corrected unless otherwise indicated. Results relate only to the items tested. Results apply to the samples as received.

Pre-Sampling Calibration Records									
45. Pump	Mfg. & No.	46. Flow Rate Calculate	tions						
47. Locat	ion								
48. Flow	Rate	49. Pump Calibrator Ta	an No	50. Initials	51	. Date			
40. 1 low	LPM		ag 140	oo. Iiiliais	31.	. Date			
	2	Post-Sampling C	Calibrati	on Records					
52. Locat	ion	53. Flow Rate Calculate	tions						
54. Flow	Poto	55. Pump Calibrator Ta	na No	56. Initials	57	. Date			
54. FIOW			ag No.	50. IIIIliais	37.	. Date			
58. PPE	LPM - Respiratory Protection (Type & Effective								
	(3)	,							
50 Jah 5	Association Operation Model Location(s)	Vantilation Controls 5	ald Natas	and Calaulatian					
59. JOD L	Description, Operation, Work Location(s),	ventilation, Controls, Fi	ieid Notes,	and Calculation	S				
Questions regarding the analyses should be directed to Jeff LeClair, Laboratory Director									
	Phone: 517-284-29	900 E-mail: LeCla	airJ2@Mic	higan.gov	Fax: 517-284-2920				
Mail To:	Michigan Department of Labor and Eco		Ship To:		rtment of Labor and E				
	MIOSHA / Occupational Health Laborate PO Box 30677	ory		MIOSHA / Occu 7707 Rickle St.	upational Health Labo	ratory			
	Lansing, MI 48909-8177		Lansing, MI 48917						