

AIR DATA SHEET

Total Samples: _____ Regular Samples: _____ Rush Samples: _____ Phone # to Report: _____
 Job#: _____ Proj Location: _____ Proj. Magr: _____

Name	Company	Date	Time
Sampled by: _____	_____	_____	_____
Relinquished by: _____	_____	_____	_____
Received by: _____	Seattle Asbestos Test, LLC	_____	_____
Analyzed by: _____	Seattle Asbestos Test, LLC	_____	_____

Filter Size (circle one): 25mm or 37mm

Microscope Field Area _____

Blank Cassettes _____

Blank Count _____

1	Sample ID _____	Location _____					
	Sample Type _____	Activities _____					
	Protection _____	Worker _____	SS# _____	Cert#: _____			
	Decon _____						
	Environment _____	Start Time _____:	Start Rate _____	Liters	Fibers/Fld	LOD	Fibers/cc
	Pump # _____	End Time _____:	End Rate _____				
	Date _____	Minutes _____	Avg. Rate _____				

2	Sample ID _____	Location _____					
	Sample Type _____	Activities _____					
	Protection _____	Worker _____	SS# _____	Cert#: _____			
	Decon _____						
	Environment _____	Start Time _____:	Start Rate _____	Liters	Fibers/Fld	LOD	Fibers/cc
	Pump # _____	End Time _____:	End Rate _____				
	Date _____	Minutes _____	Avg. Rate _____				

3	Sample ID _____	Location _____					
	Sample Type _____	Activities _____					
	Protection _____	Worker _____	SS# _____	Cert#: _____			
	Decon _____						
	Environment _____	Start Time _____:	Start Rate _____	Liters	Fibers/Fld	LOD	Fibers/cc
	Pump # _____	End Time _____:	End Rate _____				
	Date _____	Minutes _____	Avg. Rate _____				

4	Sample ID _____	Location _____					
	Sample Type _____	Activities _____					
	Protection _____	Worker _____	SS# _____	Cert#: _____			
	Decon _____						
	Environment _____	Start Time _____:	Start Rate _____	Liters	Fibers/Fld	LOD	Fibers/cc
	Pump # _____	End Time _____:	End Rate _____				
	Date _____	Minutes _____	Avg. Rate _____				

SAMPLE TYPES CONTROLS

B-Breathing Zone, P-Pre-abatement, TWA-Time Weighted Average, CL-Clearance, A-Area, X-Aggressive, I-Inside Reg. Area, H-Hepa Exhaust,
 O-Outside Reg. Area, C-Ceiling, BL-Field Blank, STEL
 PROTECTION: PA-Pressure Demand Air, CA-Continuous Flow Air, PAPR-Powered Air Purifying Respirator, F-Full Face, M-Half Face
 DECONTAMINATION: D,S-Decon with Shower, D-Decon w/o Shower
 ENVIRONMENT: H-Hepa Vacuum, N-Negative Air, G-Glovebag

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Protection _____	Worker _____	SS# _____	Cert#: _____		
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SEATTLE ASBESTOS TEST, LLC