Air/Material Sampling Report

Michigan Department of Licensing and Regulatory Affairs
Michigan OSHA/Management and Technical Services Division

1. Reporting ID					2. Inspection/Visit/Intervention Number						3. Sampling Number							
	stablishme											5. Public/Private (For Consultation use only) Self-Help Public Private						
Former WSU Shapero Hall) 6. Person Performing Sampling (Signature)					7. CSHO ID						8. Sampling Date 9. Shipping Date			g Date				
	$\langle V \rangle N$	vf							3/13/13 3/14/13				1/13					
10.	Employee	Name:	V				1	l1. Je	ob Title:									
12. Exposure Information a. Number:				ımber:	b. Frequency:							13. Photo(s)		Yes No		No		
					Exposure Sumn					1		ation/Hazard Information						
14.	15. Substance	16.	17. Smpl.	18. Exp.	19. Exposure	20.	21. PEL		23. Severity		FTA	Hazard I			Trng	Med	Other	No
No.	Code	Kqstu.	Туре	Туре	Level	Ollis	ILL	riaj.	Boverny	Cit.		Exp.	Diig.	111.5		i i i i i i i i i i i i i i i i i i i	O,,,,o,	Haz.
1.																		
2.																		
3.																		
4.										1								
5.						 	1	\vdash		†	1 1							
ŧ	l .dditives (Ent	ler Line Nu	mbers for t	hose agents	contributin	g to add	litive effect)	<u> </u>		+	1		 					
26. ´	26. Total Number of Lines (14): 27. Date Results Received from Laboratory:																	
	Pump Mod				Pump #:				Sampling Da			a						
	Sample Sul		Number	•	WSU-1		WSU-2											
30. 8	Sample Ty	pe/Media	a		bulk-brick		bulk-brick											
31. I	Filter/Tube	Number	Г															
32. 7	Γime On				15:45		15:50											
7	Γime Off																	
33. 7	Total Time	(in min	utes)													1		
	low Rate] ml/min				\neg					7		***************************************	1		
35. Volume (in liters)								\neg					\top					
36. Lab Sample Number					13/659 13/660								1			†		
37. Analyze For: 38. RDL*					Jul 47 3.26									-				
1. 9020				ND41- brick HAG			rick					_						
2.					NDC1-N	beter	ND4						\bot			_		
3.																		
4.													\perp			ļ		
5.							:									<u> </u>		
	Results exp				ess otherv			Test	Method:									
41. Interferences and IH Comments to Lab				42. Supporting Samples				4	43. Chain of Custody			у	_	Date		Initial	s 	
WSU-1 has brick and mortar					a. Blanks:			a. Seals				-	(Y)		<u> </u>	*		
									-	b. Rec'd in Lab c. Rec'd by Anal.			1	3/1		<u>t 2</u>	Ju 11	
44. Analyst's Comments					b. Bulks:					d. Anal. Completed				3/2	-// -	- ' '	Len 94	
F2013 0290									e. Calc. Checked					26-13	4 4	W/191	· /	
									 	f. Supr. OK'd				(1-13	1/4	MA		
* Reported Detection Limit				Samples NOT blank corrected unless otherwise														

Pre-	Sampling Calibration Records					
P	45. Pump Mfg. & No.	46. Flow Rate Calcula	tions			
r						
e	47. Location		•			
	48. Flow Rate LPM	49. Pump Calibrator Ta	g# 50.	Initials	51. Date	
Post-	-Sampling Calibration Records	<u> </u>	I	******		
P	52. Location	53. Flow Rate Calcula	tions			
0						
s						
,	54. Flow Rate	Down Callbroton Tax #	lee	1	Ize D.	
	LPM	Pump Calibrator Tag #	33.	Initials	56. Date	
57. I	PPE - Respiratory Protection (Type ar	nd Effectiveness)				
		1 - A A A A A A A A A A A A A A A A A A				
				7773.15.	77.77.74.14.14.14.14.14.14.14.14.14.14.14.14.14	
58. J	ob Description, Operation, Work Loc	cation(s). Ventilation. C	ontrols. Fiel	d Notes and	Calculations	
	Shapero Hall		······································			
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					Anna Maria Para Para Para Para Para Para Para	
	Questions regarding the	a analyses should be di	ranted to A	nn Whitaka	r Laharatany Divastan	
	Phone: (517) 322-2132	e anaiyses snouid be di E-mail: whitake			Fax: (517) 322-3219	
Mail t	o: Michigan Department of Licensing	g and Regulatory Affairs	Ship to:	Michigan De	partment of Licensing and Ro ATSD / Occupational Health	
	MIOSHA / MTSD / Occupational P.O. Box 30677	псани сапогаюту		7707 Rickle	Street	Lavoratory
	Lansing, MI 48909-8177			Lansing, MI	48917	