

VHCB Lead Based Paint Hazard Reduction Program Contractor Air Sample Data Sheet - Lead

Date: _____ Company: _____

Supervisor: _____ Certification #: _____

Job Address: _____

VHCB Building #: _____ Unit #: _____ Age of Building : _____

Monitored Employee Name & ID # _____

Pump Type & Serial #					NIOSH 7082 Method 1.0 – 4.0 L / min. air flow 0.8µm cellulose ester membrane 37mm cassette				
Sample Type	1	2	3	4					
Respirator Type									
Worn on Task #									
Task 1 Cassette 1		Task 2 Cassette 2		Task 3 Cassette 3		Task 4 Cassette 4			
Engineering Controls Utilized		Engineering Controls Utilized		Engineering Controls Utilized		Engineering Controls Utilized			
Minutes of Non Exposure During Sampling (Breaks)		Minutes of Non Exposure During Sampling (Breaks)		Minutes of Non Exposure During Sampling (Breaks)		Minutes of Non Exposure During Sampling (Breaks)			

Notes:

Sample #	Lab #	Sample Time			Flow (L /min)		Volume Min 200 L Max 1500 L	Results µg Pb / m ³		
		Start	Stop	Total Minutes	Start	Stop		Total Pb	Actual Exp.	8hr TWA

Supervisor Signature: _____

Date Shipped or Given to VHCB: _____ by: _____

Date Results Rec'd: _____ by: _____

Date Reviewed by Monitored Employee: _____ Employee Initials: _____

(Note: 29 CFR 1926.62 requires employers to notify employees of monitoring results within 5 days of receiving the results.)