

Clean Air Testing Labs, Inc.

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TEM/PCM DATA SHEET			Project Name:				Work Area:				Cat Tech:		
Client:			Project Address							Tech License #:			
Sample Date:			MFG:		Lot #:		Analysis Date:			Lab Analyst:			
Analytical Procedure:			NIOSH 7400		NIOSH 7402		TEM		SCOPE: NIK:____ OLY: ____ Make:____ MOD#____			Job #:	
Phase (Circle One):			Background		Pre-Abatement		During Abatement		Final Clearance		Personal	Put Map Of Sample On Back (as applicable)	# Of Samples:
Phase:			Rotometer #:		Calibration Date:			Calibration EXP Date:			Filter Size:		
Sam #	IWA/OWA	Lab #	Sample Location (Be Specific)		Start Time	End Time	Total Time (min)	Start Rate	Stop Rate	Avg. Rate	Volume (L)	Fiber Conc. Fibers/mm2	Fiber Count Fibers/cc
Comments:													
Technician's Name:					Signature:					Date:		Time:	
Relinquished By:				Date:		Received By:				Date:		Time:	
Relinquished By:				Date:		Received By:				Analyst:		Date:	