EMPLOYEE NAME

_____

SAMPLING PUMP NO.

_____

Pre Sample Pump Calibration

_____ _____ _____

Flow Rate ***Date*** ***Time***

Certified Environmental, Inc.
Air Monitoring Work Activities Log

Post Sample Pump Calibration

_____ _____ _____

Flow Rate ***Date*** ***Time***

Company Name*:* _____**Address**: _____**City/State**:_____
POC and Title:_____**Telephone Number**:_____

1. Department Name of Employee Being Evaluated:_____
2. Work Shift: ___ 3. Hours: _____4. Engineering Controls: ***Yes or No*** 5. Type of Engineering Control: _____

_____

6. Describe Normal Job Duties / Functions:_____

_____

7: Are You Asked to Perform Job Duties Outside Your Department: ***Yes or No*** 8. If Yes, How Often:_____Dailly _____Weekly_____Monthly 9: Describe Additional Duties:_____

_____

TIME	DESCRIPTION OF DAILY WORK ACTIVITIES
5	
6	
7	
8	
9	
10	
11	
12	
1	
2	
3	
4	
5	

Additional
Comments:_____

Form Completed by: _____ / _____
Employee Print or Type Name **Employee Signature**

Measured Dust Concentration_____mg/m^3

Measured Dust Concentration (TWA):_____mg/m^3

Is Respiratory Protection Recommended: Yes or No ***Is Respiratory Protection Required: Yes or No***

Form Completed by: _____ / _____
CEI Representative Print or Type Name **CEI Representative Signature**