PCM FIELD SHEET

NIOSH 7400

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AE Project No.: _____

Client: _____ **Client Contact:** _____

Site: _____ **Contact Phone:** _____

Address: _____ **Contact Fax:** _____

_____ **Contact E-mail:** _____

Project: _____

Client Contract # / Release # / Work Order # / Purchase Order # / Etc. _____

Date	Sample Number	Type	TIME			FLOW RATES (LPM)			Rotometer #	Sample Vol. (Liters)	Blk. Avg.	Fields	Fibers	Analyst Intl.	Conc. (F/cc)	Fiber Density (F/mm^2)
			On	Off	Total Min	Pre	Post	AVG								

SAMPLE #	LOCATION

TECHNICIAN(S): _____ Date

ANALYST(S) _____ Date

SAMPLE TYPE CODES: A = AREA, B = BACKGROUND, BLK = BLANK, C = CLEARANCE, P = PERSONAL, E = EXCURSION

Limit of Quantification (LOQ): 10.0 Fibers / 100 Fields ● Limit of Detection (LOD): 5.5 Fibers / 100 Fields ● Concentrations Less Than LOQ and LOD will be reported as less than (LOQ)