

CHROMATOPAC CR601
SAMPLE NO 0
REPORT NO 950

FILE 0
METHOD 0041

PKNO	TIME	AREA	MK	IDNO	CONC	NAME
1	1.238	1654			3.6741	
2	1.358	4061	V		9.0204	
3	1.615	3740	V		8.3077	
4	1.82	4925	V		10.9397	
5	2.025	4066	V		9.0318	
6	2.138	2294	V		5.0949	
7	3.232	1445	V		3.2088	
8	3.338	1047	V		2.3253	
9	3.885	1638			3.6378	
10	4.665	2225			4.9417	
11	4.953	1499	V		3.3295	
12	5.422	3055			6.7868	
13	5.875	1634	V		3.6288	
14	6.175	1745	V		3.0758	
15	6.705	1428			3.1713	
16	6.897	2422	V		5.3787	
17	7.415	2676			5.9451	
18	8.073	1691			3.756	
19	8.333	1776	V		3.9458	
TOTAL		45021			100	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

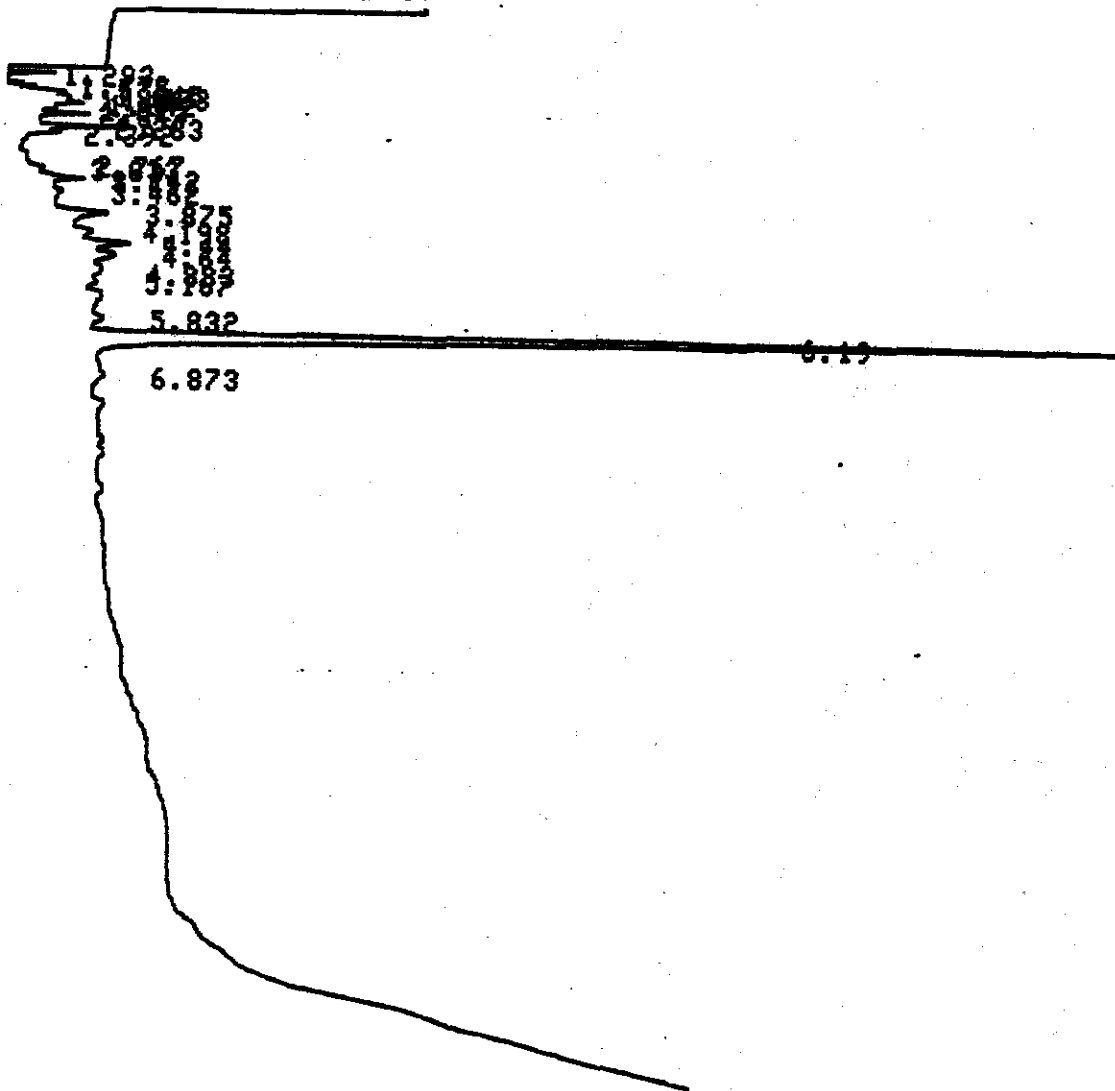
33 920E013

DATE 97/08/21

TIME 03:29:58 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR681
SAMPLE NO 8
REPORT NO 951

FILE METHOD 8
8841

PKNO	TIME	AREA	MK	IDNO	CONC	NAME
1	1.293	6744			9.9294	
2	1.478	2192	Y		3.2266	
3	1.535	1956	Y		2.8885	
4	1.645	4284	Y		6.3876	
5	1.723	3639	Y		5.357	
6	1.842	3628	Y		5.3418	
7	1.925	2767	Y		4.8744	
8	2.847	2787	Y		4.1827	
9	2.283	4142	Y		6.8976	
10	3.242	1888	Y		1.4837	
11	3.875	1496			2.2819	
12	4.44	1911	Y		2.8134	
13	4.64	1783	Y		2.5873	
14	4.883	1249	Y		1.8395	
15	6.19	28416			41.8365	
TOTAL		67922			188	

055

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

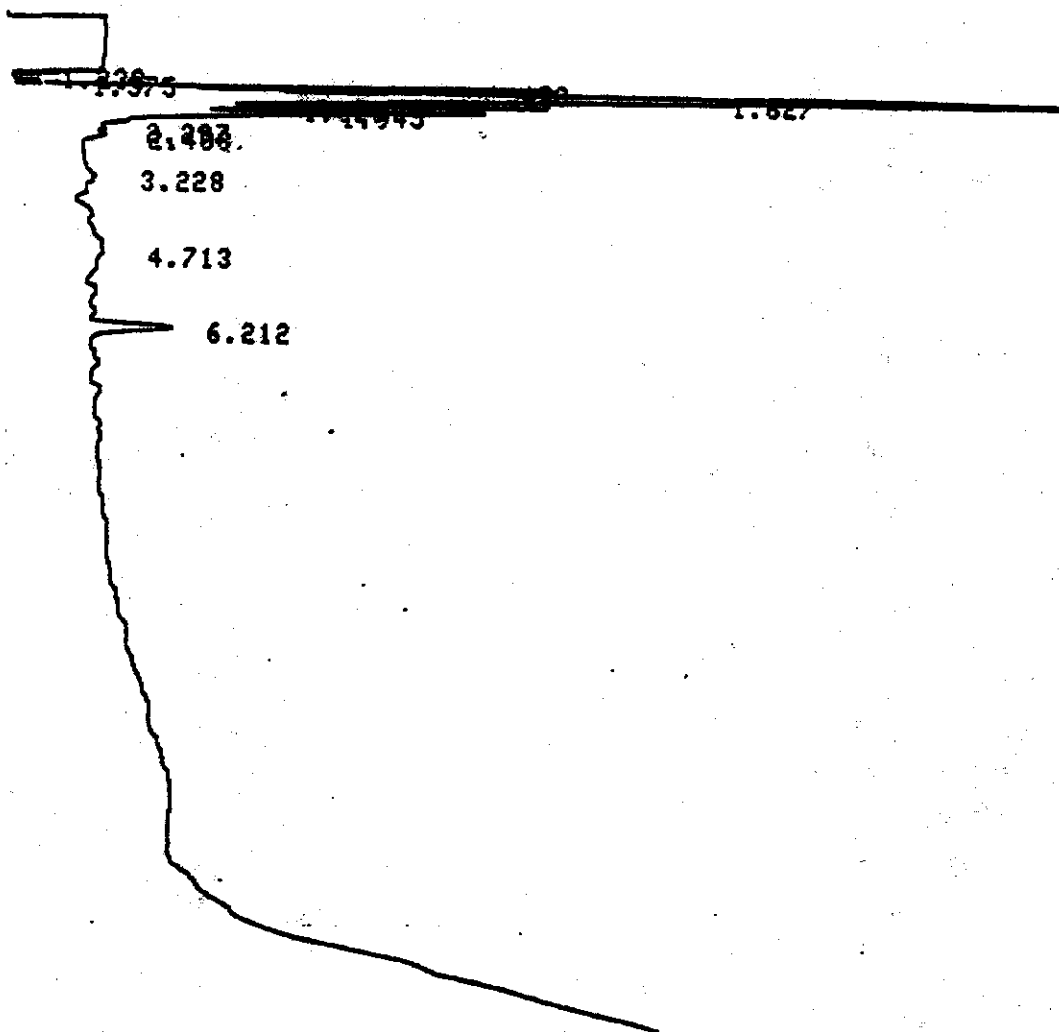
34 970 ER14

DATE 97/08/21

TIME 03:53:35 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601

FILE 0
METHOD 8041

SAMPLE NO 0

REPORT NO 952

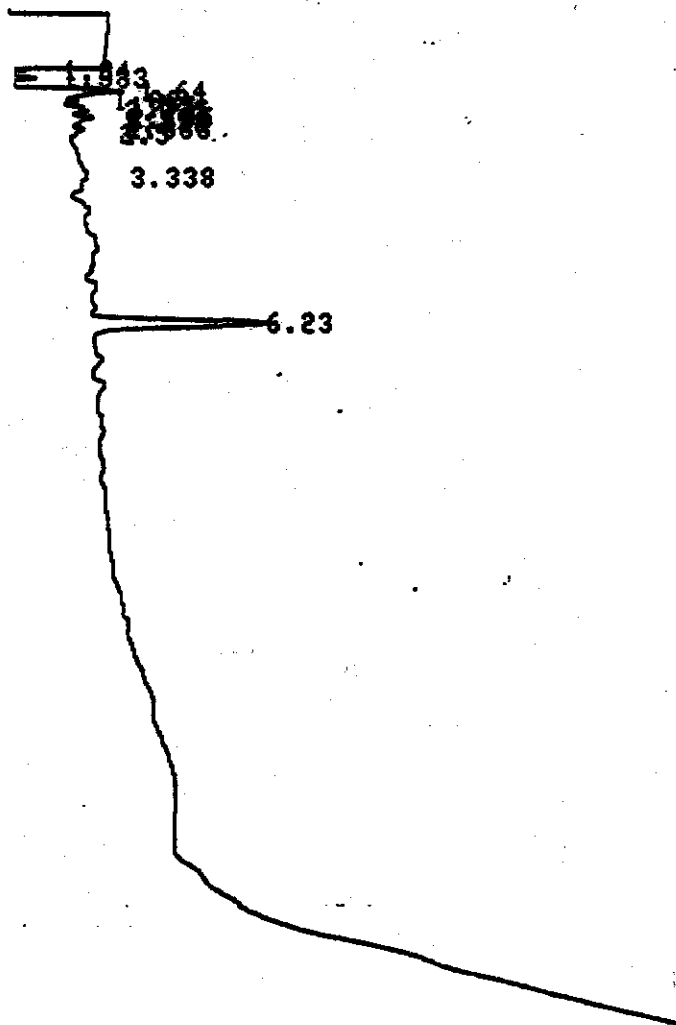
PKNO	TIME	AREA	NK	IDNO	CONC	NAME
1	1.238	1741			1.8135	
2	1.375	3327	V		3.4657	
3	1.453	6087	V		6.3412	
4	1.588	5588	V		5.8129	
5	1.627	45535	V		47.4334	
6	1.823	10363	V		18.795	
7	1.945	17123	V		17.8366	
8	2.297	1345	V		1.4088	
9	2.488	1632	V		1.7083	
10	6.212	3264			3.4095	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER 35 920 EP 15
 DATE 97/08/21 TIME 04:17:14 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601 FILE 0
 SAMPLE NO 0 METHOD 8841
 REPORT NO 953

PKNO	TIME	AREA	NK	IDNO	CONC	NAME
1	1.24	1265			3.7333	
2	1.383	4360	V		12.8666	
3	1.64	9585	V		28.8583	
4	1.82	2499	V		7.3747	
5	1.95	2333	V		6.8841	
6	2.025	1932	V		5.781	
7	2.155	2586	V		7.395	
8	2.252	1281	V		3.7881	
9	2.383	1123	V		3.3141	
18	6.23	7882			28.9887	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

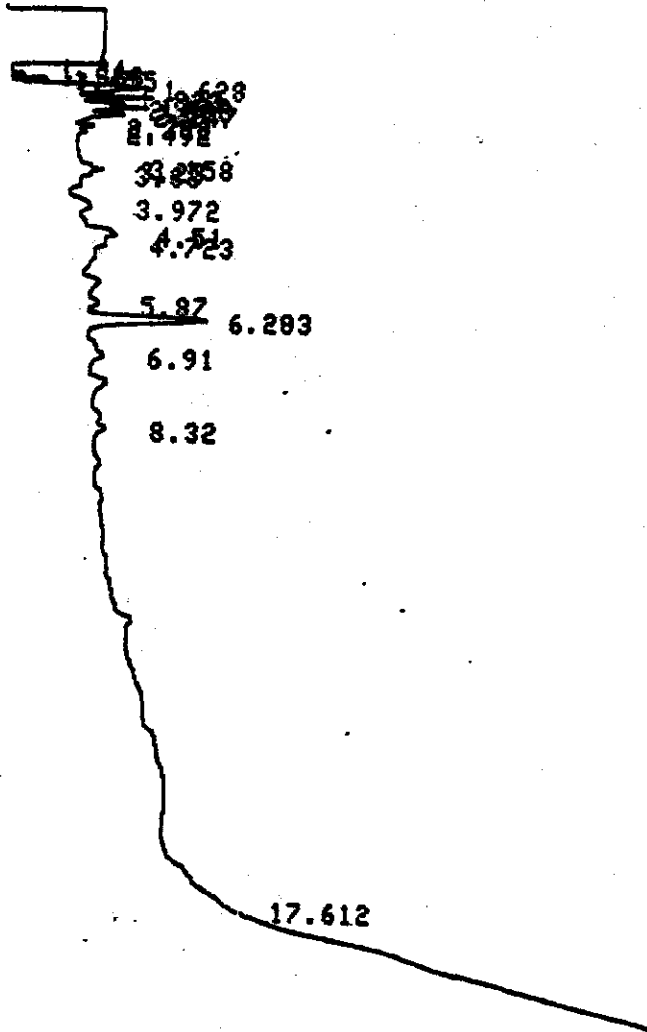
36 420 EA 16

DATE 97/08/21

TIME 04:48:43 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
 SAMPLE NO 0
 REPORT NO 954

FILE 0
 METHOD 0041

PKNO	TIME	AREA	MK	IDNO	CONC	NAME
1	1.24	1130			3.0437	
2	1.363	3361	V		9.8561	
3	1.455	1480	V		3.9872	
4	1.628	11049	V		29.7742	
5	1.823	3977	V		10.7172	
6	1.94	2868	V		7.7286	
7	2.023	3215	V		8.6641	
8	2.147	4328	V		11.6619	
9	4.51	1240			3.3421	
10	6.203	4463			12.025	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

37 1042-01

DATE 97/08/21

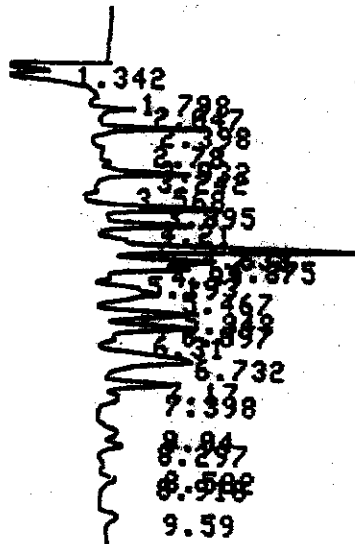
TIME 05:04:31

ATTN 2

VAR-5

START

START



16.315

17.195

17.515

CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601

SAMPLE NO 8
REPORT NO 955

FILE 8
METHOD 0041

PKNO	TIME	AREA	MK	IDNO	CONC	NAME
1	1.342	7031				
2	1.798	22029	V		1.7271	
3	2.047	14863	V		5.4115	
4	2.398	17827	V		3.651	
5	2.78	14537	V		4.3791	
6	3.092	9283	V		3.571	
7	3.242	15076	V		2.2804	
8	3.568	7372	V		3.8999	
9	3.895	15258	V		1.8109	
10	4.21	14731	V		3.7481	
11	4.638	20057	V		3.6186	
12	4.875	7820	V		4.927	
13	4.99	7360	V		1.9209	
14	5.193	3846	V		1.8079	
15	5.467	14115	V		0.9447	
16	5.848	9235	V		3.4674	
17	6.097	7993	V		2.2686	
18	6.31	4327	V		1.9634	
19	6.732	15634	V		1.0628	
20	7.17	5685	V		3.8405	
21	7.398	4812	V		1.3768	
22	8.04	5878	V		1.182	
23	8.297	2283	V		1.4439	
24	8.582	1484	V		0.5607	
25	8.918	1175	V		0.3645	
26	17.515	156656			0.2888	
					38.4824	
TOTAL		407085			100	

059

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

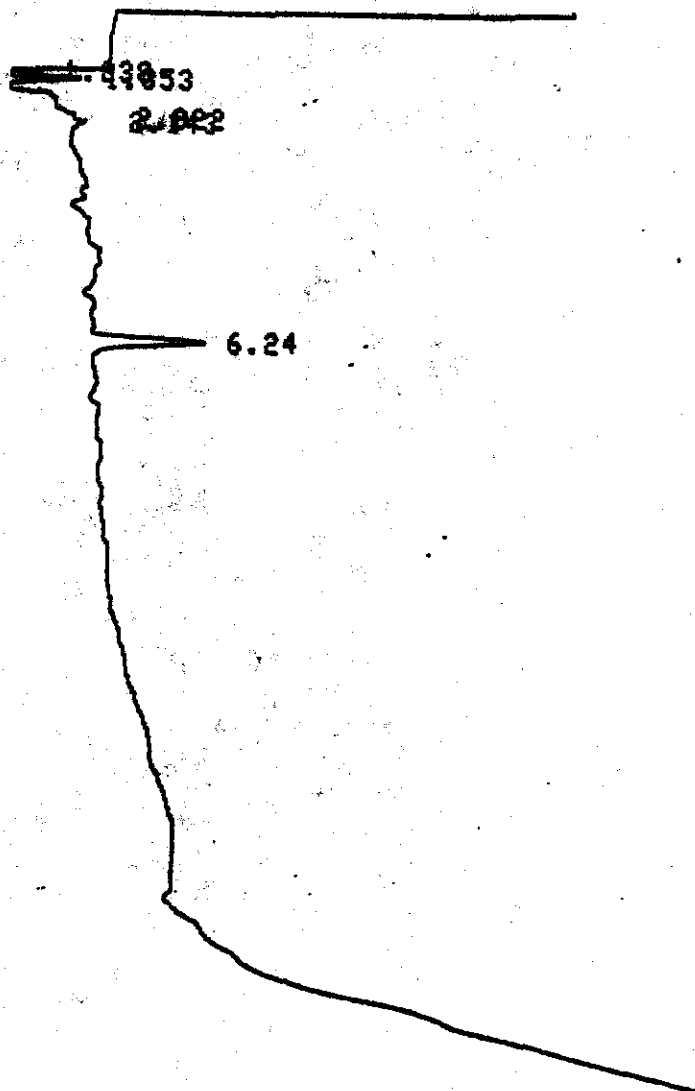
38 930 EAT

DATE 97/08/21

TIME 05:28:44 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
 SAMPLE NO 0
 REPORT NO 956

FILE 8
 METHOD 0041

PKNO	TIME	AREA	NK	IDNO	CONC	NAME
1	1.238	1336			13.9868	
2	1.353	3986	V		41.7481	
3	6.24	4227			44.2651	
TOTAL		9549			100	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

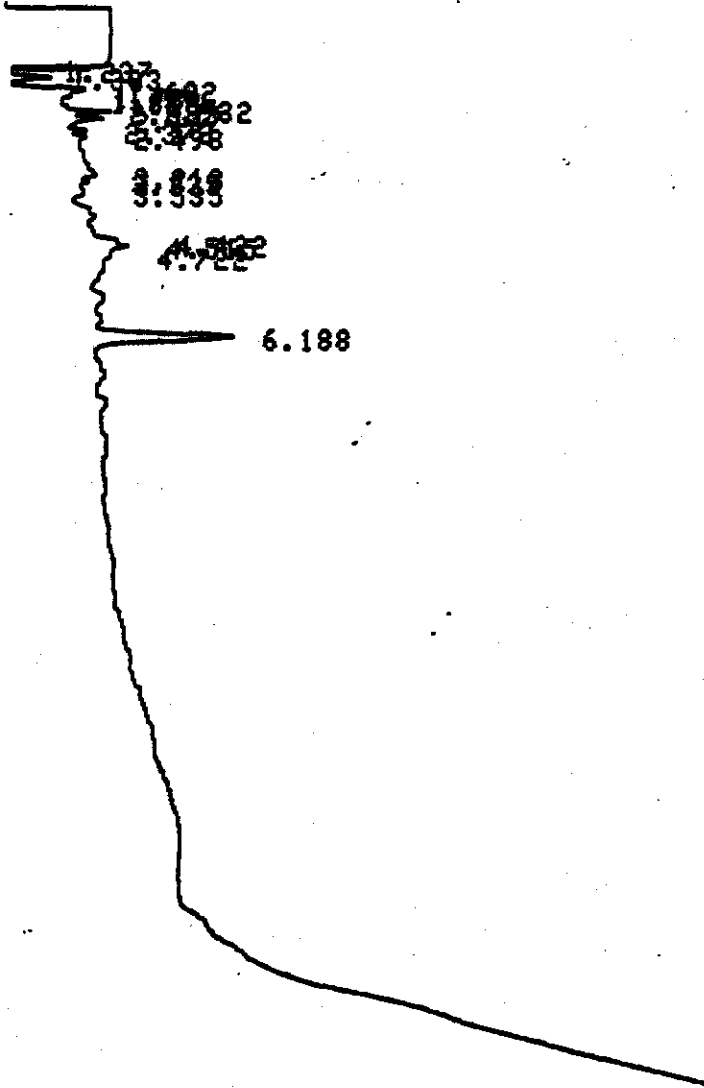
39 900 EA19

DATE 97/08/21

TIME 05:51:52 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
 SAMPLE NO 0
 REPORT NO 957

FILE 0
 METHOD 0041

PKNO	TIME	AREA	MK	IDNO	CONC	NAME
1	1.237	1585			5.3479	
2	1.383	5065	V		17.0923	
3	1.602	5367	V		18.1099	
4	1.73	3109	V		10.4922	
5	1.818	1464	V		4.9408	
6	1.932	2313	V		7.8058	
7	2.023	2442	V		8.2415	
8	2.147	3147	V		10.6187	
9	6.188	5142			17.351	

ADIRONDACK ENVIRONMENTAL SERVICES

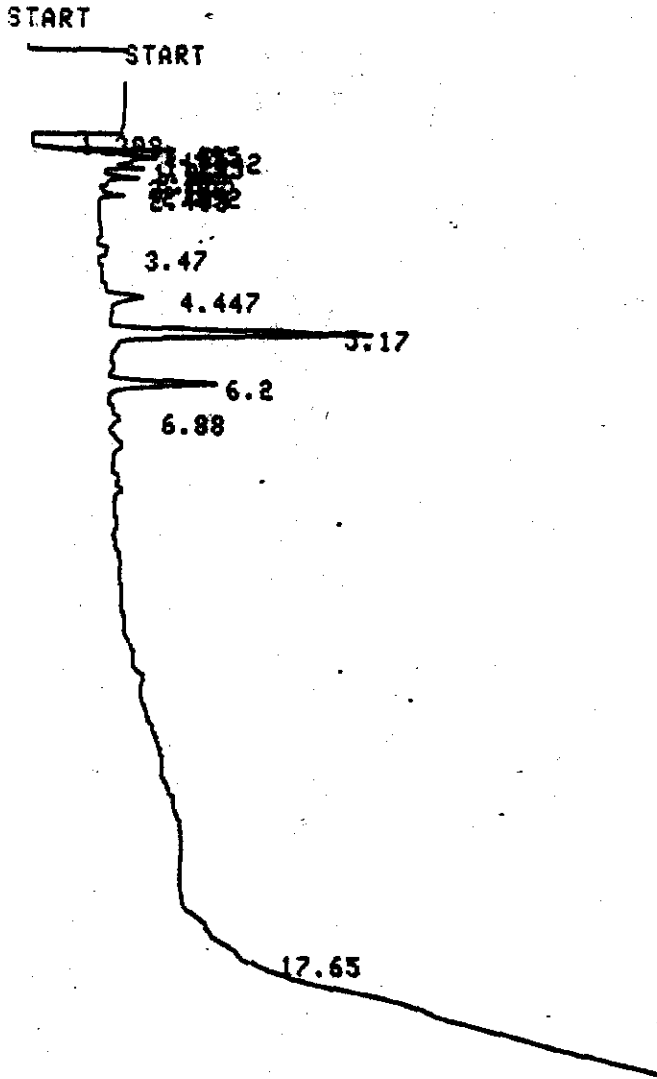
SAMPLE NUMBER

48 920 E019

DATE 97/08/21

TIME 06:15:47 ATTN 2

VAR-5



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601

SAMPLE NO 8

REPORT NO 958

FILE METHOD

8

0041

PKNO	TIME	AREA	NK	IDNO	CONC	NAME
1	1.308	4381			10.1785	
2	1.495	3539	V		8.2173	
3	1.55	1987	V		4.4268	
4	1.642	5659	V		13.1377	
5	1.735	3246	V		7.5373	
6	1.86	3438	V		7.9826	
7	2.055	5425	V		12.5958	
8	2.187	1234	V		2.8647	
9	4.447	1188			2.7584	
10	5.17	9361			21.733	
11	6.2	3694			8.5759	

TOTAL 42973

100

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

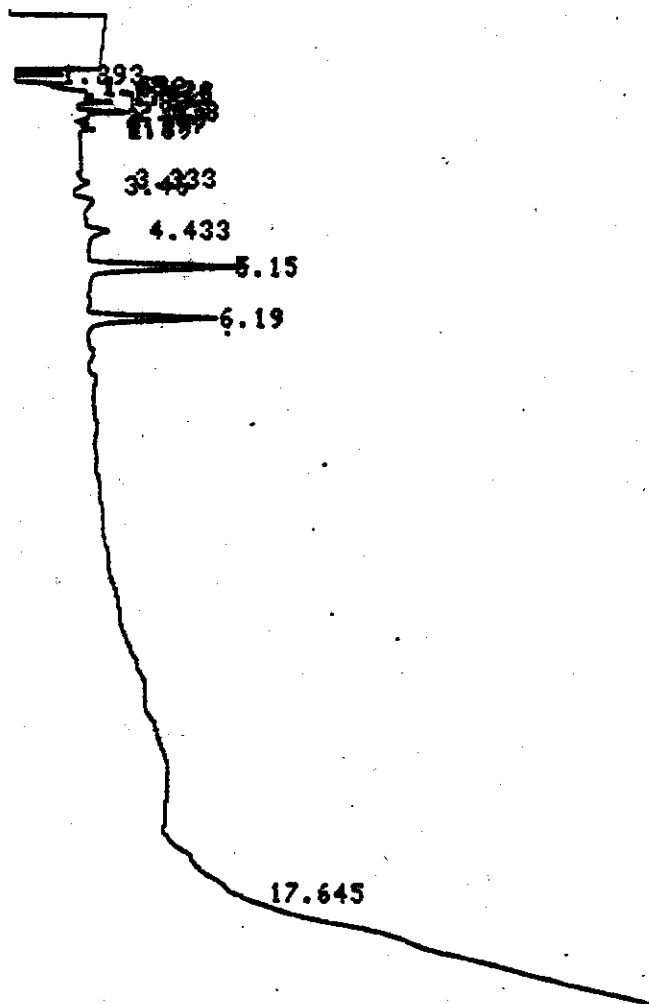
41 970 EP 20

DATE 97/08/21

TIME 06:39:38 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
 SAMPLE NO 0
 REPORT NO 959

FILE 0
 METHOD 0041

PKNO	TIME	AREA	MK	IDNO	CONC	NAME
1	1.293	5867			14.992	
2	1.48	2950	V		7.5377	
3	1.532	1803	V		4.6076	
4	1.628	4367	V		11.1604	
5	1.715	3827	V		9.7798	
6	1.832	3488	V		8.912	
7	2.038	5461	V		13.954	
8	2.163	1546	V		3.9495	
9	2.277	1000	V		2.5561	
10	5.15	4836			12.3583	
11	6.19	3989			10.1925	
TOTAL		20122			100	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

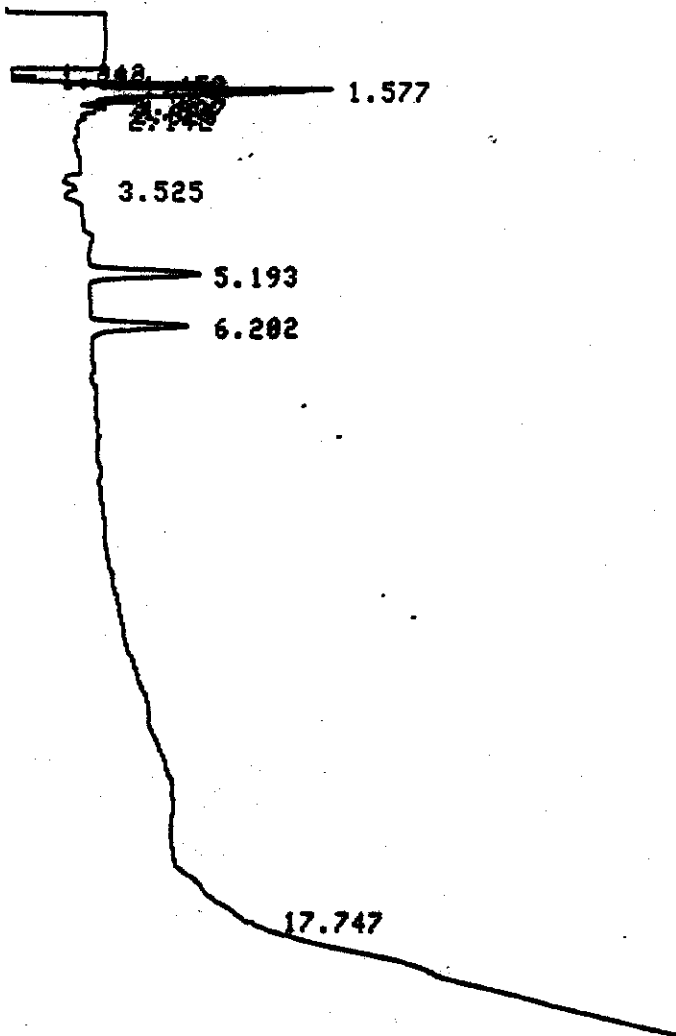
42 920 EA 31

DATE 97/08/21

TIME 07:03:23 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
 SAMPLE NO 8
 REPORT NO 960

FILE 0
 METHOD 0041

PKNO	TIME	AREA	MK	IDNO	CONC	NAME
1	1.242	1092			2.8799	
2	1.358	3301	V		8.7844	
3	1.458	2922	V		7.7842	
4	1.577	16899	V		44.5548	
5	1.827	2760	V		7.2765	
6	1.937	1752	V		4.6198	
7	2.025	1217	V		3.2085	
8	5.193	4422			11.6584	
9	6.202	3563			9.3935	

TOTAL 27000

100

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

43 1016 0.1

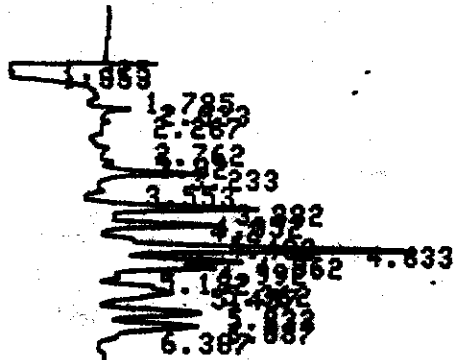
DATE 97/08/21

TIME 07:27:10 ATTN 2

VAR-5

START

START



16.31

17.513

CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
SAMPLE NO 8
REPORT NO 961

FILE 0
METHOD 0041

PKNO	TIME	AREA	MK	IDNO	CONC	NAME
1	1.353	1657	V		0.7857	
2	1.785	9583	V		4.5451	
3	2.033	3205	V		1.5201	
4	3.233	3162	V		1.4996	
5	3.882	4910			2.3287	
6	4.2	3566	V		1.6914	
7	4.483	1163	V		0.5516	
8	4.633	9655	V		4.5789	
9	4.862	3986	V		1.8523	
10	4.992	3499	V		1.6594	
11	5.362	1406	V		0.6666	
12	5.457	3363	V		1.5948	
13	5.832	3792	V		1.7986	
14	6.087	3755	V		1.7889	
15	17.513	154229			73.1463	
<u>TOTAL</u>		210851			100	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

44

134201

DATE 97/08/21

TIME

07:51:05

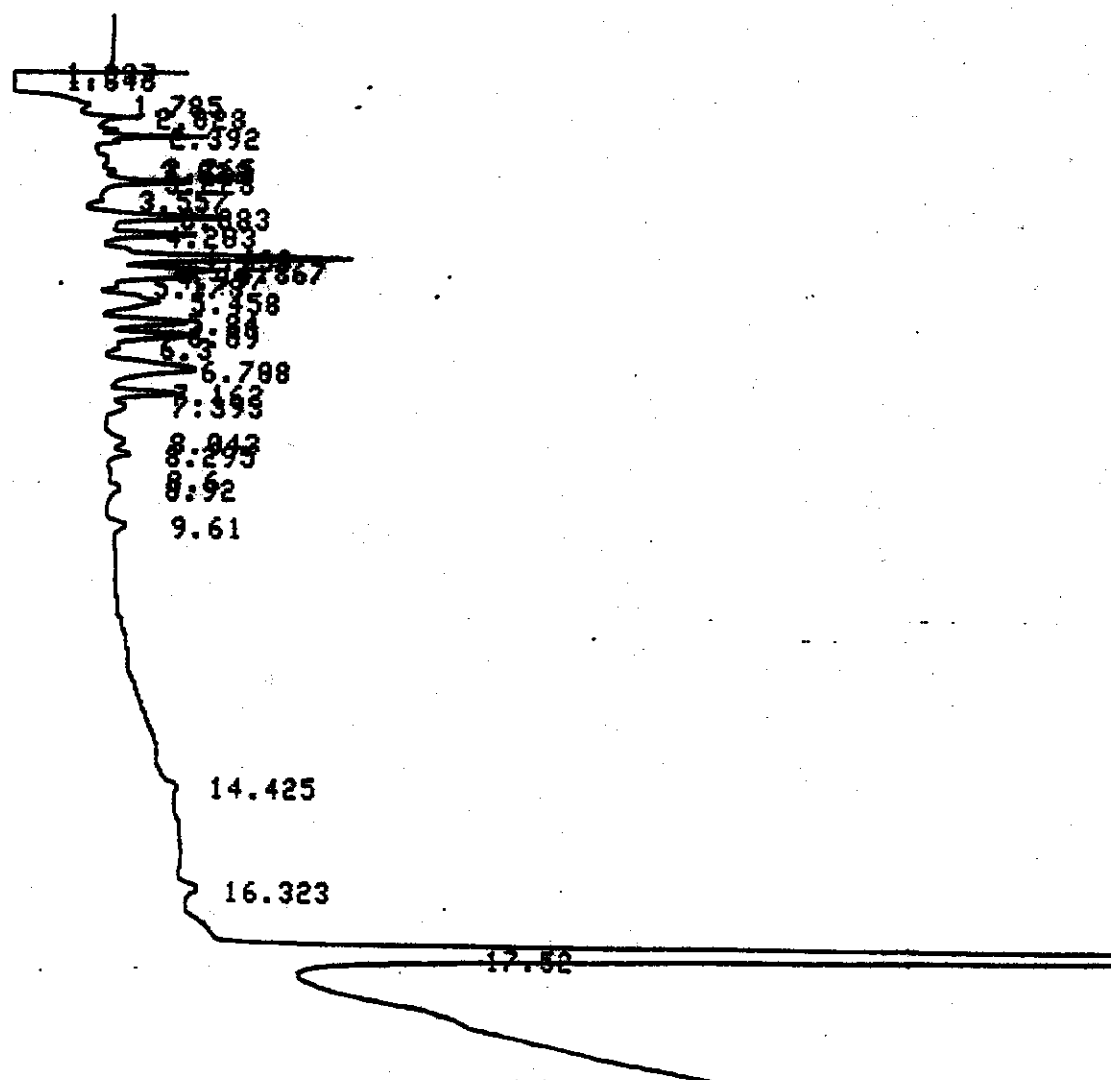
ATTN

2

VAR-5

START

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR681
 SAMPLE NO 0
 REPORT NO 962

FILE 0
 METHOD 0041

PKNO	TIME	AREA	HK	IDNO	CONC	NAME
1	1.237	1836			0.2971	
2	1.343	2850	V		0.8173	
3	1.785	11983	V		3.437	
4	2.028	11654	V		3.3428	
5	2.392	14587	V		4.184	
6	2.765	12684	V		3.6383	
7	3.022	4418	V		1.2673	
8	3.228	13444	V		3.856	
9	3.557	5409	V		1.5514	
10	3.883	12247	V		3.5128	
11	4.203	11395	V		3.2683	
12	4.633	17466	V		5.0098	
13	4.867	6724	V		1.9285	
14	4.997	6862	V		1.7387	
15	5.178	2977	V		0.8539	
16	5.458	11373	V		3.2622	
17	5.84	7401	V		2.1228	
18	6.09	7070	V		2.0278	
19	6.3	3157	V		0.9055	
20	6.708	13227	V		3.7938	
21	7.162	4970	V		1.4254	
22	7.393	3869	V		1.1096	
23	8.043	4814	V		1.3808	
24	8.295	1968	V		0.5646	
25	8.6	1133	V		0.3249	
26	8.92	1208	V		0.3466	
27	17.52	153515			44.0328	
TOTAL		348638			100	

990

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

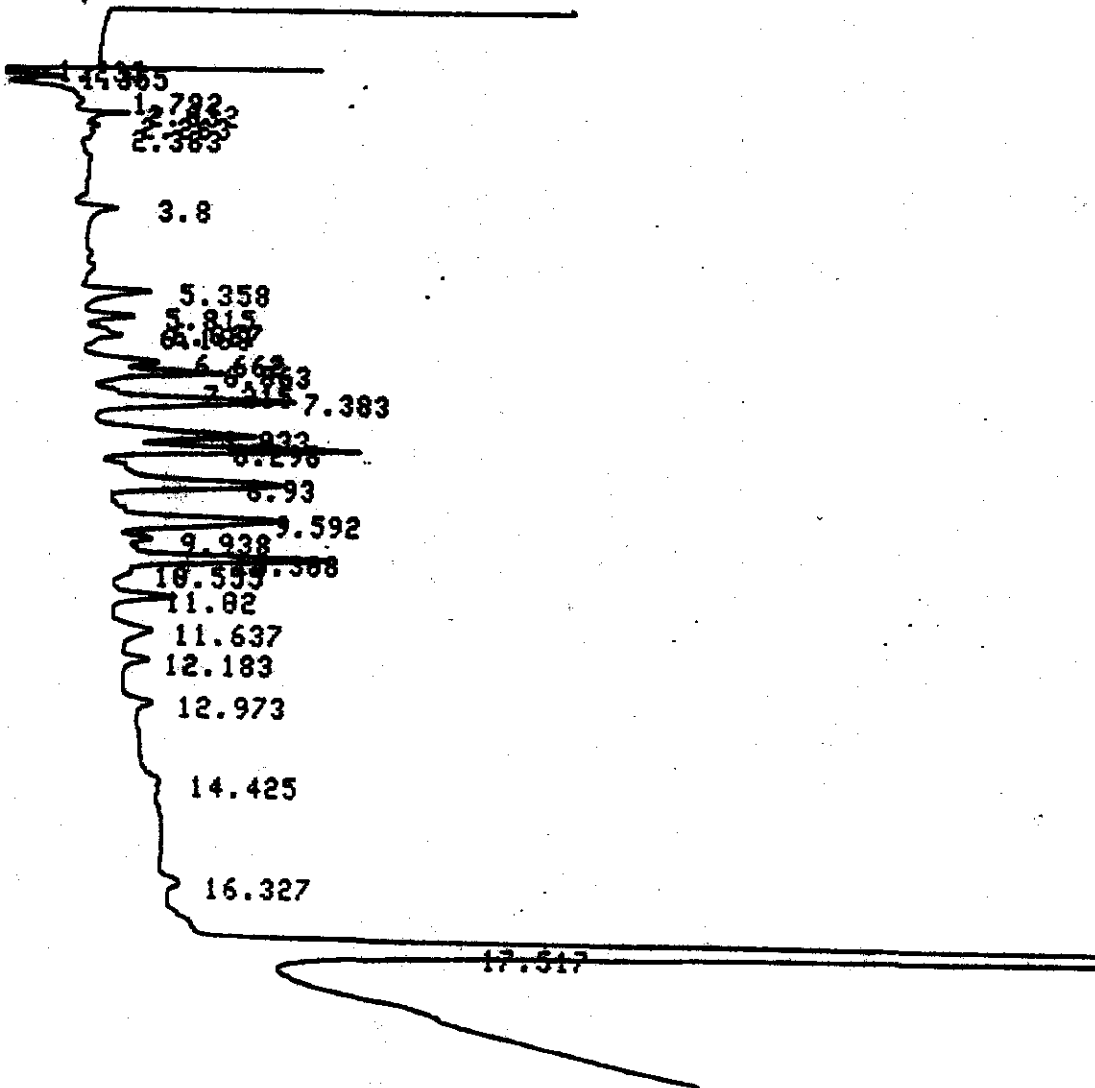
45 12540¹

DATE 97/08/21

TIME 08:15:13 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
SAMPLE NO 0
REPORT NO 963

FILE 0
METHOD 0041

PKNO	TIME	AREA	NK	IDNO	CONC	NAME
1	1.355	2050			0.8287	
2	1.792	7547	V		3.0589	
3	2.032	3102	V		1.2541	
4	2.263	2081	V		0.8412	
5	2.383	1133	V		0.4579	
6	3.8	1007			0.4071	
7	5.358	2458			0.9937	
8	5.815	1553	V		0.6279	
9	6.168	1107	V		0.4476	
10	6.662	2688			1.0064	
11	6.863	4407	V		1.8139	
12	7.383	8150	V		3.2940	
13	8.033	7561	V		3.0566	
14	8.298	8471	V		3.4243	
15	8.93	10299	V		4.1632	
16	9.592	9568	V		3.8679	
17	9.938	1705	V		0.6894	
18	10.308	9391	V		3.7965	
19	11.02	2423	V		0.9794	
20	11.637	2071			0.8373	
21	12.183	1157	V		0.4676	
22	17.517	157363			63.6138	
TOTAL		247373			100	

067

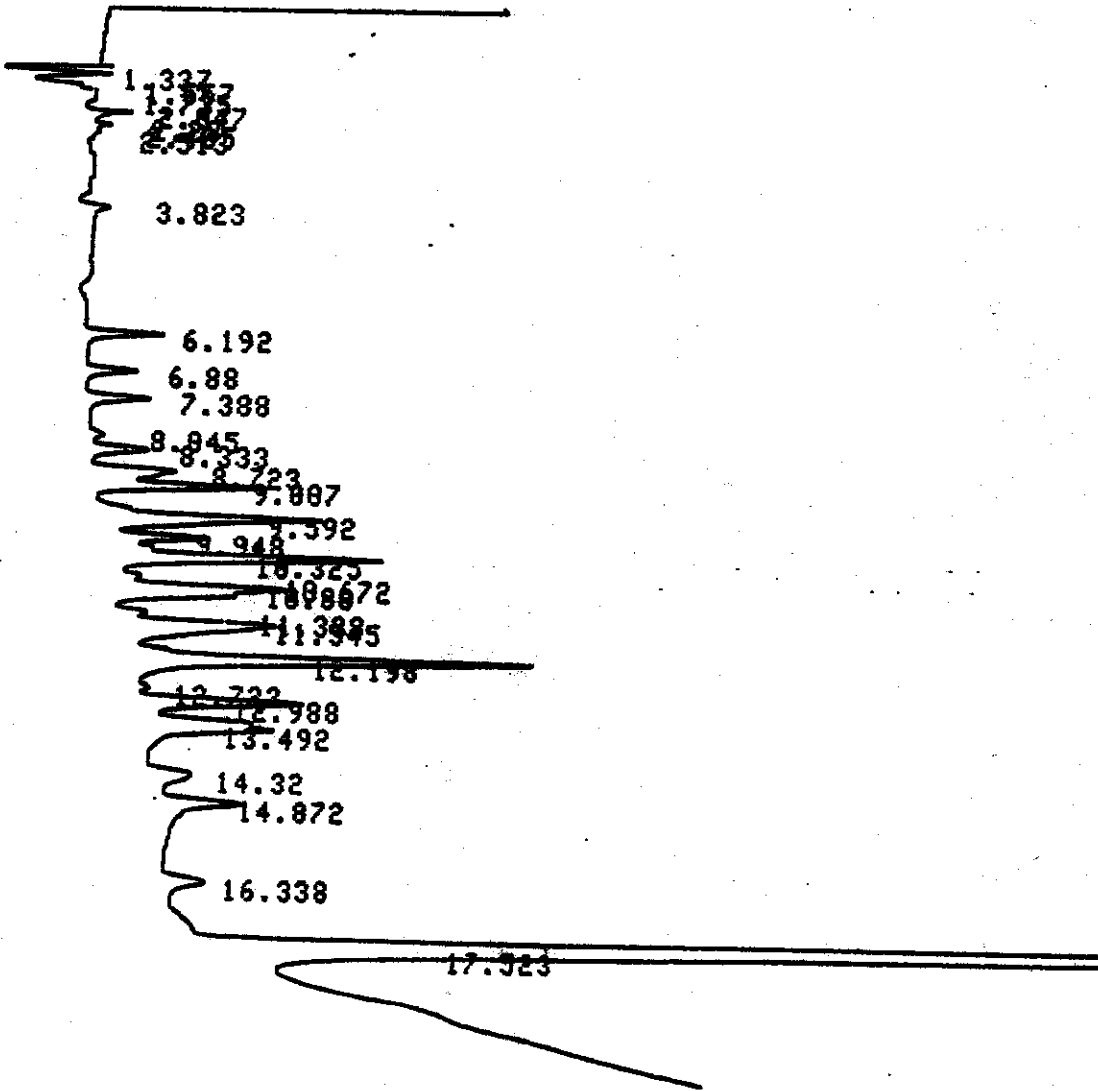
ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER 46 1240 0.1

DATE 97/08/21 TIME 08:38:32 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
 SAMPLE NO 8
 REPORT NO 964

FILE 8
 METHOD 0041

PKNO	TIME	AREA	MK	IDNO	CONC	NAME
1	1.337	7866			2.7481	
2	1.557	5183	V		1.7774	
3	1.735	9459	V		3.2949	
4	2.047	6362	V		2.2162	
5	2.28	1910	V		0.6654	
6	6.192	2028			0.7865	
7	6.88	1420			0.4946	
8	7.388	1749			0.6891	
9	8.333	1944			0.6773	
10	8.723	3785			1.3185	
11	9.007	5484	V		1.9184	
12	9.592	10363			3.61	
13	9.948	3526	V		1.2283	
14	10.325	11543	V		4.0208	
15	10.672	1204	V		0.4194	
16	10.88	9089	V		3.1661	
17	11.545	9359	V		3.2682	
18	12.198	16877	V		5.8789	
19	12.988	6644	V		2.3145	
20	13.492	8646	V		3.0116	
21	14.32	2105			0.7331	
22	14.872	4220	V		1.4701	
23	16.338	1740			0.6062	
24	17.523	154650			53.8702	
TOTAL		287878			100	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

47 MSB@ 0.1

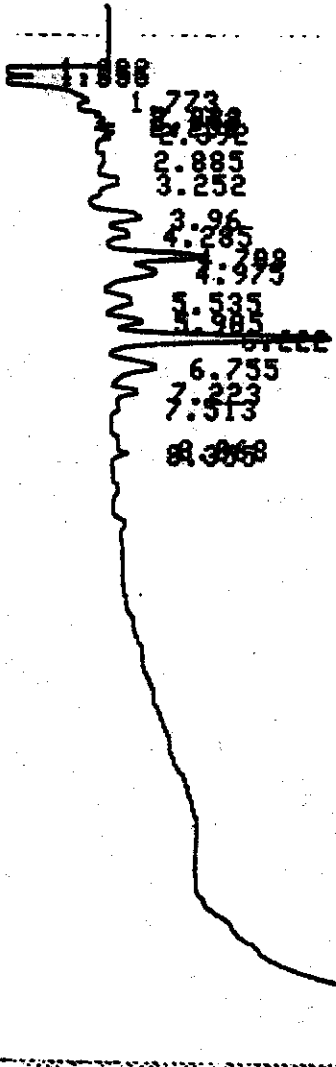
DATE 97/08/21

TIME 09:17:04 ATTN 2

VAR-5

690

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
 SAMPLE NO 0
 REPORT NO 965

FILE 0
 METHOD 8041

PKNO	TIME	AREA	NK	IDNO	CONC	NAME
1	1.232	1188			0.5944	
2	1.355	4590	Y		2.4627	
3	1.773	18701	Y		10.0339	
4	2.033	8846	Y		4.7463	
5	2.142	5317	Y		2.8527	
6	2.253	5269	Y		2.827	
7	2.392	12348	Y		6.6255	
8	2.885	18437	Y		9.8923	
9	3.252	21957	Y		11.7813	
10	3.96	14883	Y		7.9857	
11	4.285	9964	Y		5.3463	
12	4.708	14255	Y		7.6488	
13	4.975	12982	Y		6.9227	
14	5.535	9293	Y		4.9865	
15	5.985	5492	Y		2.9466	
16	6.222	14137	Y		7.5852	
17	6.755	6882	Y		3.6925	
18	7.223	1994	Y		1.8698	
TOTAL		186374			100	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

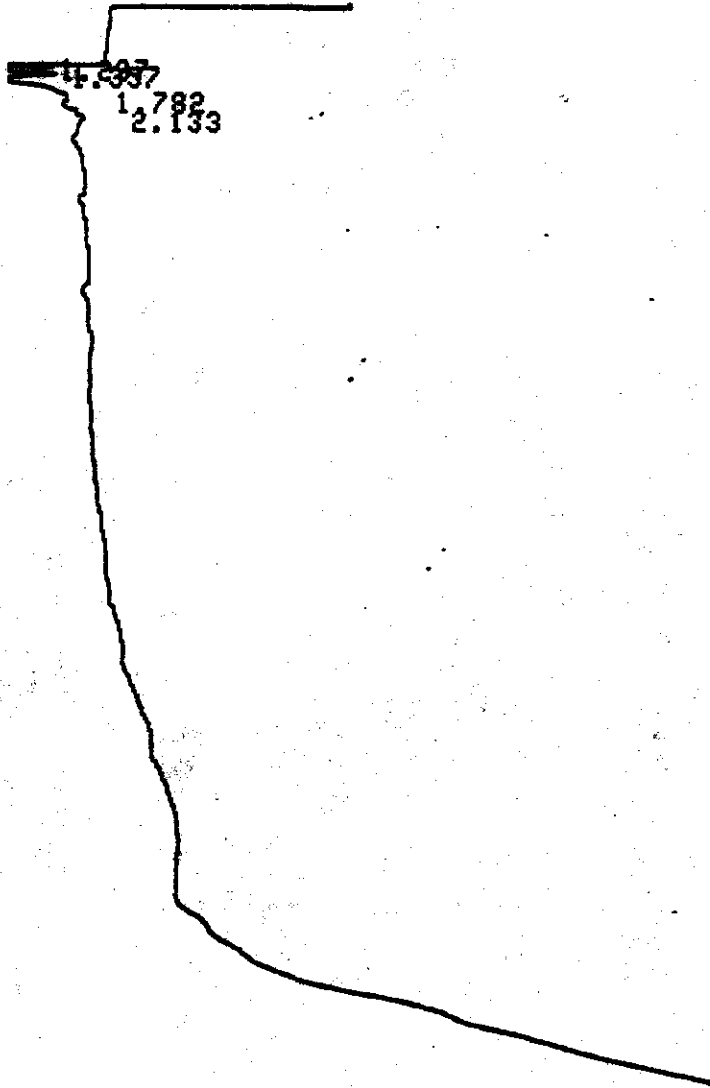
48 919 ECI

DATE 97/08/21

TIME 09:46:06 ATTN 2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
SAMPLE NO 8
REPORT NO 966

FILE 8
METHOD 8841

PKNO	TIME	AREA	MK	IDNO	CONC	NAME
1	1.237	1639			8.4247	
2	1.357	4742	V		24.3714	
3	1.782	9518	V		48.9179	
4	2.133	3558	V		18.2861	
TOTAL		19457			100	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER

49 818EC2

DATE 97/08/21

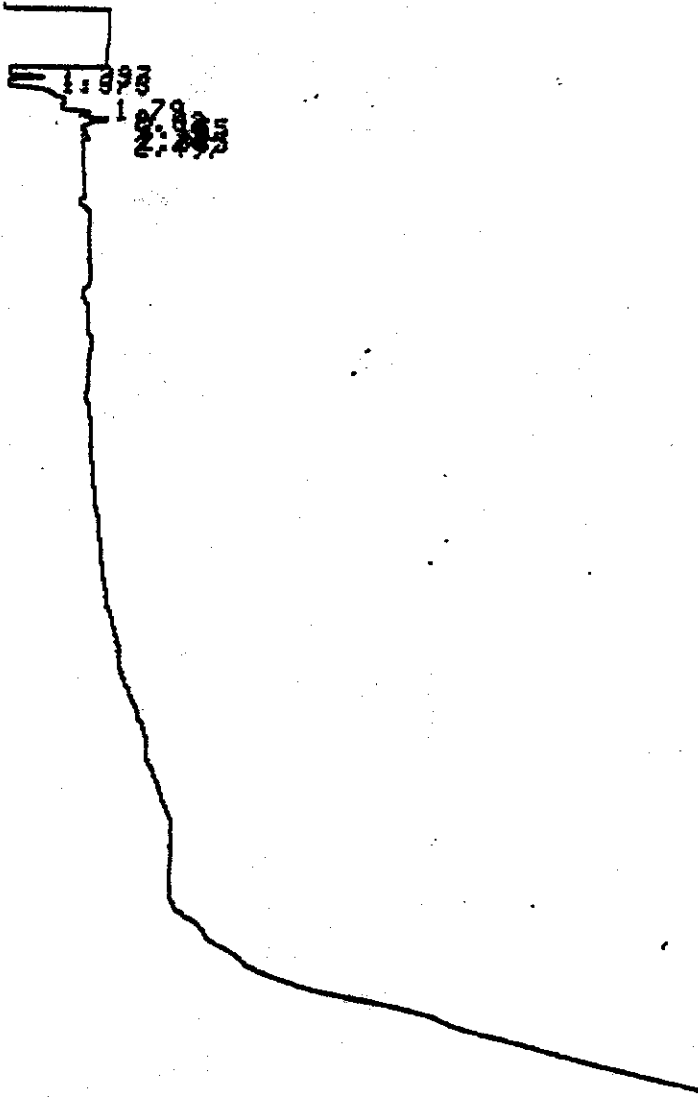
TIME 10:09:33

ATTN

2

VAR-5

START



CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601

SAMPLE NO 0

REPORT NO 967

FILE METHOD

0

0041

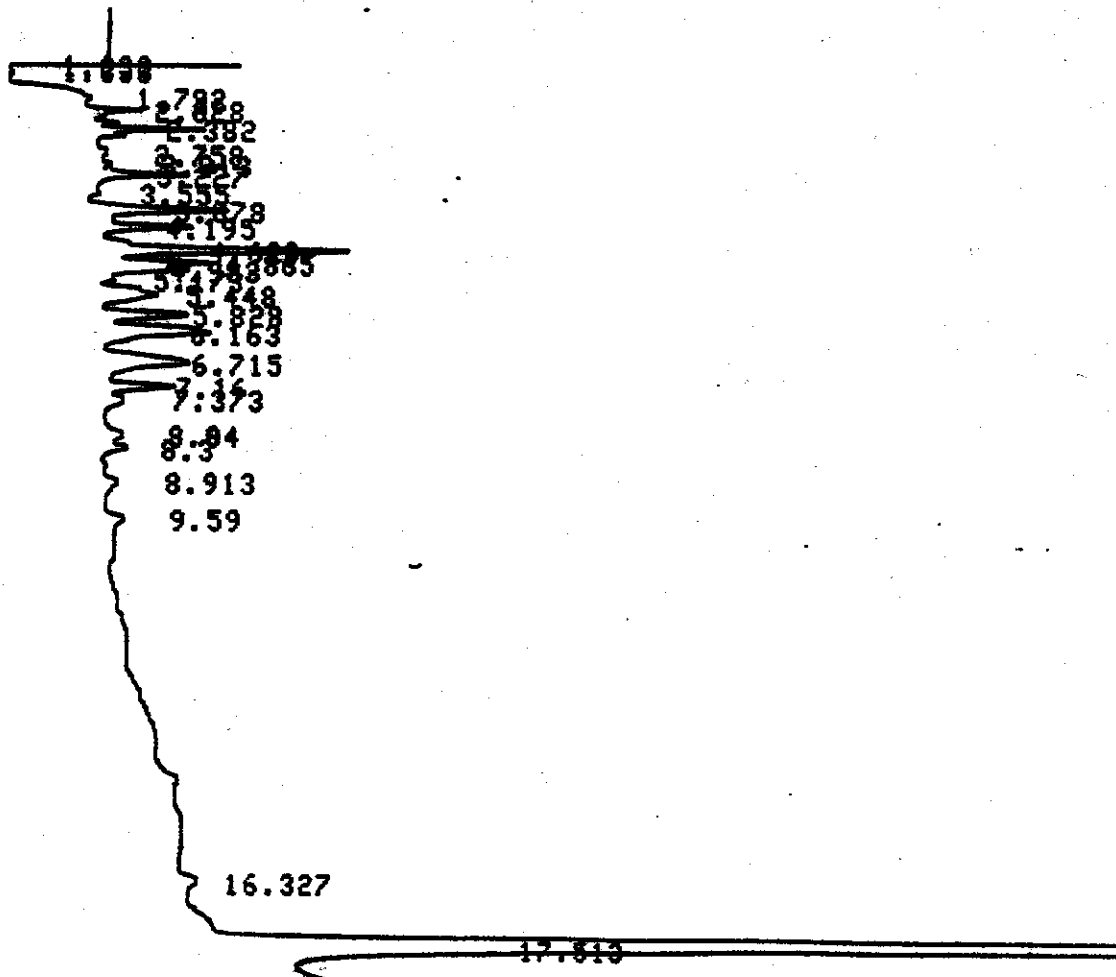
PKNO	TIME	AREA	HK	IDNO	CONC	NAME
1	1.237	1284			5.6988	
2	1.373	4898	V		18.1945	
3	1.79	10054	V		44.6361	
4	2.02	3531	V		15.6748	
5	2.155	3558	V		15.7957	

ADIRONDACK ENVIRONMENTAL SERVICES

SAMPLE NUMBER 50 1242 0-1
DATE 97/08/21 TIME 10:33:20 ATTN 2
VAR-5

START

START



072

CHROMATOGRAM 1 MEMORIZED

CHROMATOPAC CR601
 SAMPLE NO 0
 REPORT NO 968

FILE 0
 METHOD 0041

PKNO	TIME	AREA	NK	IDNO	CONC	NAME
1	1.333	2369	V		0.7281	
2	1.792	11689	V		3.5675	
3	2.028	11512	V		3.5378	
4	2.382	13823	V		4.2479	
5	2.758	9727	V		2.9892	
6	3.013	6000	V		1.8439	
7	3.227	12188	V		3.7454	
8	3.555	4123	V		1.267	
9	3.878	12135	V		3.7292	
10	4.195	10320	V		3.1715	
11	4.628	15686	V		4.8203	
12	4.865	5959	V		1.8313	
13	4.983	5534	V		1.7008	
14	5.173	2902	V		0.8918	
15	5.448	9833	V		3.0218	
16	5.828	6831	V		2.8991	
17	6.163	10845	V		3.3327	
18	6.715	10538	V		3.2385	
19	7.16	4152	V		1.276	
20	7.373	2910	V		0.8944	
21	8.04	3091	V		0.95	
22	8.3	1105	V		0.3395	
23	17.513	152213			46.7763	
TOTAL		325405			100	

APPENDIX E
WIPE SAMPLING FIELD DATA SHEETS

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME Sully NV
PROJECT LOCATION New Paltz
SPECIFIC LOCATION _____

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Paul L. ...</u>	SHIPPING DATE <u>8/18/97</u>	SAMPLING DATE <u>8/18/97</u>	BIOSH SAMPLING METHOD <u>EPA 8080</u>
--	---------------------------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>Wipe</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Field Black Wipe
Pakij lot

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>NA</u>	<u>W1</u>			<u>8:33</u>				

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Buils _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

914 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0881 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION _____

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>Direct EPA 8080</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>Wipe</u>	S.S. #
--	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES

Field Blank Parking lot

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>N/A</u>	<u>W2</u>			<u>8:35</u>				

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0091 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Scudder Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	HIGH SAMPLING METHOD <u>EPA 8080</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>Wipe</u>	S.S. #	
TITLE <u>1</u>	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 306 Scudder Hall
Desk. 45' x 22'
Wipe
900 cm² W.p.d.

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <u>N/A</u>	CALCULATIONS	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	CALCULATIONS
(CIRCLE ONE) L/min cc/min	Name _____ Method _____ Date _____ Time _____	(CIRCLE ONE) L/min cc/min	Name _____ Method _____ Date _____ Time _____

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>413</u>			<u>9:42</u>				

INTERFERENCES AND IH COMMENTS TO LAB
Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____
AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____
REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

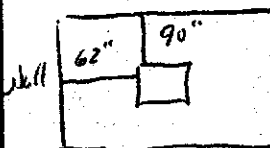
CLIENT NAME J. Kelly
PROJECT LOCATION New P 1/2
SPECIFIC LOCATION Snyder's H/V

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>P. J.</u>	SHIPPING DATE	SAMPLING DATE <u>11/11</u>	NIOSH SAMPLING METHOD <u>EPA 808</u>
--	---------------	-------------------------------	---

MONITORED EMPLOYEE/AREA <u>W. J. ...</u>	SS. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

Windows

Room 309 1/2 1st Floor area 1900 sq ft area

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(CIRCLE ONE)</small> L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(CIRCLE ONE)</small> L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W43</u>			<u>9:49</u>				

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____
 Blanks _____
 Buds _____
 Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
818-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Scudder Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Paul Waters</u>	SHIPPING DATE <u>1</u>	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>8080 PCB</u>
--	---------------------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>Wife</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 230 Desk Top
Not desks do not have tags
2,500/8133 ID tag
FRIT

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(CIRCLE ONE)</small> L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(CIRCLE ONE)</small> L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>WS</u>			<u>9:55</u>				

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME Sony's New Kettle
PROJECT LOCATION _____
SPECIFIC LOCATION Scudder Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Paul White</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>EPA 2020 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>W.P.</u>	S.S. #
--	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES
Room 216 Desk NO DSD ID
Scudder Hall 11" 18"

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
--	---	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITERS)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>WB</u>			<u>10:00A</u>				

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____
Blanks _____
Bulbs _____
Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0881 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

CLIENT NAME SUNNY NEWARK
PROJECT LOCATION _____
SPECIFIC LOCATION Scudder Hall

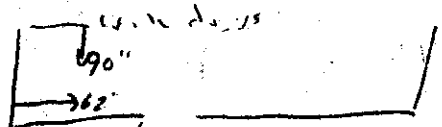
PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>8080 EPA PED</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>Wipe</u>	S.S. #
--	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES
Room # 205, Scudder Hall


PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W7</u>			<u>10:10 AM</u>				

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**CLIENT NAME Scwy
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Room 112

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/10/97</u>	HOOSH SAMPLING METHOD <u>EPA 8070 - PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE / AREA <u>W.P.O.</u>	S.S. #
--	--------

TITLE	DEPARTMENT
-------	------------

TASK / OPERATION	PPE	ENG / WORK PRACTICES
------------------	-----	----------------------

ENVIRONMENTAL CONDITIONS AND NOTES

Room 112 Desk Scudder Hall

F-10

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>WB</u>			<u>10:35</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-8891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION NEW PART 2
SPECIFIC LOCATION _____

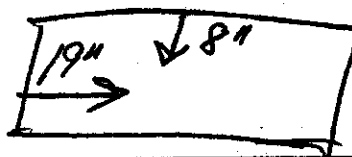
PLEASE PRINT

PERSON PERFORMING SAMPLING	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	WASH SAMPLING METHOD <u>EPA-8080 PCB</u>
----------------------------	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>WIPE</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

SCUDDER HALL
ROOM ~~112~~
115 DESK



PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W9</u>			<u>11:41</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0901 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION _____

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>J.F</u>	SHIPPING DATE <u>8/18/97</u>	SAMPLING DATE	WASH SAMPLING METHOD <u>EPA 8080 - PCB</u>
--	---------------------------------	---------------	---


MONITORED EMPLOYEE/AREA <u>WIPE</u>	S.S. #
--	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES

ROOM 115
SCUDDER HALL
DESK 10:40AM



PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W10</u>							

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME Sony
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Sage Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NOISE SAMPLING METHOD <u>EPA 820 PCB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>Wipe</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room # 328 Sage Hall
Desk
Desk ID 2150014715

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
--	---	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W11</u>			<u>10:55</u>				

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

PRINT SIGNATURE



Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION _____

PLEASE PRINT

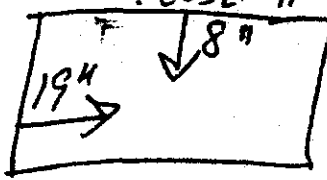
PERSON PERFORMING SAMPLING <u>J.F.</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NOISE SAMPLING METHOD <u>EPA-8080 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>WIPE</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

GAGE HALL
ROOM 343
DESK

CODE # = 2150014911



PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W12</u>			<u>10:50A</u>				

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____

PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

CLIENT NAME SUNY NEW PALTZ
PROJECT LOCATION _____
SPECIFIC LOCATION Gage Hall

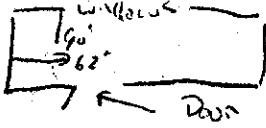
PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PRV</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>EPA 8080</u>
--	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>W. Ji</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

Room 221 Gage hall Floor
to inside edge of table.



PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate _____ (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate _____ (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
--	---	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W13</u>			<u>11:05</u>				

INTERFERENCES AND IF COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

884 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION NEW PACTZ
SPECIFIC LOCATION _____

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>J.F.</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>EPA 8080 PCB</u>
---	---------------	---------------------------------	--

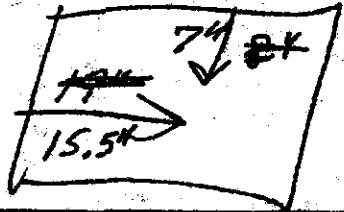
MONITORED EMPLOYEE (AREA) <u>WIPE</u>	S.S. #
---------------------------------------	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES

Room 218 Bag Hall
DESK
CODE #: 2150015123



PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W14</u>			<u>11:00AM</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Eng Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>J.F.</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NOISE SAMPLING METHOD <u>EPA 8080 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>Wife</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

Room 133 Table/Desk area

170" x 30"

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>WKS</u>			<u>11:15 AM</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulls _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-8891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

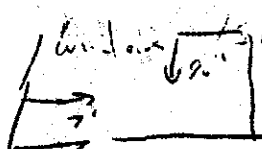
CLIENT NAME SUNY
PROJECT LOCATION New Pk Hq
SPECIFIC LOCATION Sage Hill

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PLU</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>EPA 8080 RB</u>
--	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>Wipic</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

 Room 117. Floor area. Sage Hill

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(CIRCLE ONE)</small> L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(CIRCLE ONE)</small> L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
--	--	---	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>116</u>			<u>11:15</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulbs _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____
PRINT SIGNATURE

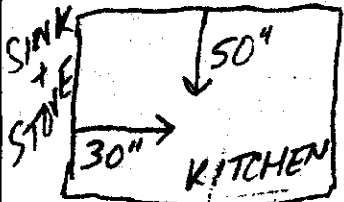
Adirondack314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Stage Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>KW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	WASH SAMPLING METHOD <u>EPA 8080</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>Wife</u>		S.S. #
TITLE		DEPARTMENT
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

SINK & STOVE  Room #
KITCHEN AREA RD's apartment 1st Floor east
Stage hall

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W17</u>			<u>11:32</u>				

INTERFERENCES AND IN COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

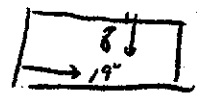
**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SCNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION to Sage Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>IF</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>EPA 80810 RB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>Wipe</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 105 Sage Hall / Desk
Sage Hall # 215 0015 088


PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>4118</u>			<u>11:35</u>				

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulbs _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME Sony
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Sage Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>J.F.</u>	SHIPPING DATE	SAMPLING DATE <u>8/10/97</u>	NIOSH SAMPLING METHOD <u>EPA 8080</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE / AREA <u>Wipe</u>	SS. #	
TITLE	DEPARTMENT	
TASK / OPERATION	PPE	ENG / WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room B-8 Sage Hall Floor Area

59.5"

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W19</u>			<u>11:40A</u>				

INTERFERENCES AND IN COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

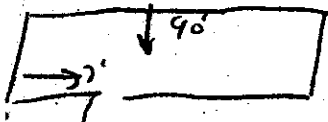
PLEASE PRINT

CLIENT NAME Sony
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Sage Hall

PERSON PERFORMING SAMPLING <u>LF</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	WOSH SAMPLING METHOD <u>EPA 7090 PCB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>Wipe</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 300 302 - 1st floor area Sage Hall



PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W120</u>			<u>11:43</u>				

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

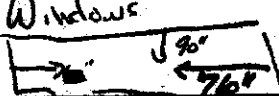
W21

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Bliss Hall RM B-4

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	MOIST SAMPLING METHOD <u>CPA 7080</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>W. Hill</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room B4 - Floor Bliss Hall
Windows


PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W21</u>			<u>2:37 PM</u>				

INTERFERENCES AND IN COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION SUNY New Paltz
SPECIFIC LOCATION Bliss Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>JE</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	INDUS. SAMPLING METHOD <u>EPA 8080</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>W22</u> <u>W21</u>	TITLE <u>W22</u>	DEPARTMENT	SS # <u>211 8080</u>
TASK/OPERATION	PPE	ENG/WORK PRACTICES	

ENVIRONMENTAL CONDITIONS AND NOTES
Bliss Hall Room 307 floor area
Bliss Hall
W22 W21

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(CIRCLE ONE) L/min cc/min</small>	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(CIRCLE ONE) L/min cc/min</small>	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W22</u>			<u>2:43p</u>				
	<u>W21</u>							

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME Sony
PROJECT LOCATION New Pk H2
SPECIFIC LOCATION Bliss Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>JA</u>	SHIPPING DATE	SAMPLING DATE <u>8/19/97</u>	WORK SAMPLING METHOD <u>EPA 8080 PCB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>Wpic</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 326 Floor over
Window
↓ 9.0"

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS <u>hour</u>	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	-----------------------------	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W 23</u>			<u>2:55</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____
REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

PLEASE PRINT

CLIENT NAME SENTRY
PROJECT LOCATION NEW PALDZ
SPECIFIC LOCATION BLISS HALL RM 205

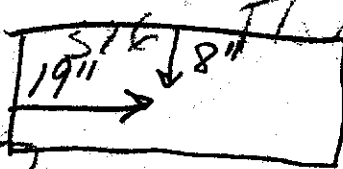
PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	MOON SAMPLING METHOD <u>EPA 8080-PCB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE (AREA) <u>DESK</u>	SS. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

BLISS HALL
RM 205
DESK

Room 516 Floor 8th



PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(CIRCLE ONE)</small> L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(CIRCLE ONE)</small> L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W22R</u>			<u>2:56pm</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0881 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION BLISS HALL RM 216

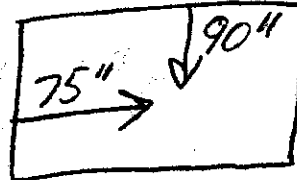
PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	STARTING DATE	SAMPLING DATE <u>8/18/97</u>	WORK SAMPLING METHOD <u>EPAS8080-PCB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>FLOOR</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

BLISS HALL
RM 216
RAA FLOOR



PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W25</u>			<u>3:01pm</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

514 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0881 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

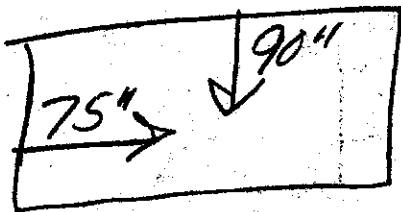
CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION BLISS HALL RM 103

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	WORK SAMPLING METHOD <u>EPAS080-PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYER/AREA <u>FLOOR</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
BLISS HALL
RM 103
FLOOR



PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W26</u>			<u>3:05p</u>				

INTERFERENCES AND IH COMMENTS TO LAB _____

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Buils _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

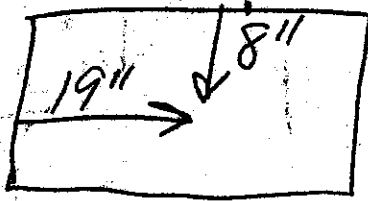
CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION BLISS HALL RM 119

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NUMERICAL SAMPLING METHOD <u>EPA 8080 - PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYER/AREA <u>DESK</u>	S.S. #	
TITLE <u>JF 8/18</u>	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
BLISS HALL
RM 119
DESK



PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(circle one) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(circle one) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W27</u>			<u>3:08 PM</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulbs _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4545 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

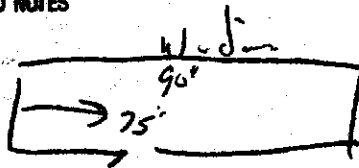
CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Copen Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>JA</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	MOOSH SAMPLING METHOD <u>EPA 8080 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>Wipe</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES



Room 318 Floor Area
Copen Hall

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W28</u>			<u>3:24pm</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # 1423

DATE RECEIVED BY LAB _____

DATE ANALYZED _____

REVIEWED BY _____

PRINT

SIGNATURE



314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

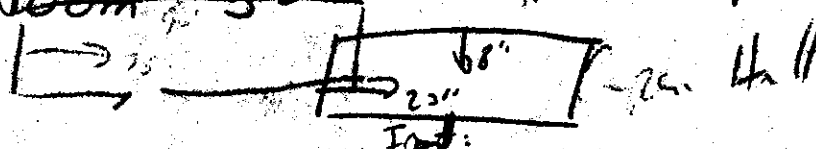
INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SAWY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Copier Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>JRF</u>	STARTING DATE	SAMPLING DATE <u>8/16/197</u>	WORK SAMPLING METHOD <u>EPA 7080 P. II</u>
--	---------------	----------------------------------	---

MONITORED EMPLOYEE AREA <u>Wipe</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room # 323 District Copier Hall


PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(circle one)</small> L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <small>(circle one)</small> L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W-39.8</u>			<u>3:26</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME Sony
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Cape Hill

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>RW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/07</u>	INDIAN SAMPLING METHOD <u>EPA 80307, PAB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE AREA <u>W101/71</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Permit # 312R - Desk Cape Hill
11/11

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
--	---	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>U1301</u>			<u>3:29p</u>				

INTERFERENCES AND IH COMMENTS TO LAB
Supporting Sample Field # _____
Blanks _____
Bulbs _____
Other _____
AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____
REVIEWED BY _____ PRINT SIGNATURE _____



314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0881 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Sany
PROJECT LOCATION Steel Plant
SPECIFIC LOCATION Copper Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>IF</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/77</u>	NIOSH SAMPLING METHOD <u>CPA 880825</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>Wji</u>		SS. #
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 220 floor over
Adirondack
25' x 9'

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	CIRCLE ONE L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	CIRCLE ONE L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
---	-------------------------------	---	--	-------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>W31</u>			<u>3:31</u>				
	<u>U30</u>							

INTERFERENCES AND IN COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION State Plaza
SPECIFIC LOCATION Capen Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>VF</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	ANALYSIS METHOD <u>EPA 8080 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>Judge</u>	DEPARTMENT	
TITLE <u>Chief</u>	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 110 Capen Hall Floor over
windows
7' x 9'

PRE-CALIBRATION Pump Mtg. Pump No. Location Flow Rate	CALCULATIONS	POST-CALIBRATION Pump Mtg. Pump No. Location Flow Rate	CALCULATIONS
(circle one) L/min cc/min	Name _____ Method _____ Date _____ Time _____	(circle one) L/min cc/min	Name _____ Method _____ Date _____ Time _____

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITERS)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>N32</u>				<u>3:35</u>			
	<u>N31</u>							

INTERFERENCES AND/OR COMMENTS TO LAB _____
Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____
AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____
REVIEWED BY _____ PRINT SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

1 of 3
REQUEST FOR ANALYSIS

CLIENT NAME: S.U.N.Y.-NEW PALTZ
PROJECT NAME (Location): Sunny Hill Park
SAMPLERS' (Names): J. FRISONE / P. WATSON
ADDRESS: _____
PO NUMBER: 970 715 EA
SAMPLERS' (Signatures): [Signatures]

AES SAMPLE NUMBER	SAMPLE IDENTIFICATION	DATE SAMPLED	TIME A = A.M. P = P.M.	MEDIA TYPE/ MATRIX	NO. OF CONT'S	NR SAMPLE VOLUME (LITERS)	TOTAL SAMPLING TIME (MIN.)	ANALYSIS REQUESTED
	W1	8/18/97	8:30	W.P.C.	1			EPA 8080 - PCB
	W2		9:30					
	W3		9:42					
	W4		9:42					
	W5		9:50					
	W6		10:00					
	W7		10:00					
	W8		10:00					
	W9		10:10					
	W10		10:10					
	W11		10:50					
	W12		10:50					
	W13		11:00					
	W14		11:00					

SEND REPORT TO: PAUL WATSON
SEND INVOICE TO: PAUL WATSON
COMMENTS: _____

TURN-AROUND TIME — PLEASE CHECK ALL THAT APPLY
 STANDARD SERVICE
 RUSH SERVICE — Results requested by: 5 DAYS
 FAX RESULTS TO: PETER BETLEY FAX # 914 257-3228
 PHONE RESULTS TO: _____
*Turn-around time varies by substance. For most substances, standard turn-around time is ten (10) working days.
Please inquire for capacity of rush analysis.

LABORATORY APPROVAL	DATE	TIME	RECEIVED FOR LABORATORY BY	DATE	TIME
---------------------	------	------	----------------------------	------	------

CHAIN OF CUSTODY	RECEIVED BY (Signature)	DATE	TIME
RELINQUISHED BY (Signature)			
RELINQUISHED BY (Signature)			



314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

REQUEST FOR ANALYSIS

CLIENT NAME SUNY - NEW PALTZ	PROJECT NAME (Location) SUNY NEW PALTZ-PCB	SAMPLERS' (Names) J. FRISONE / P. WATSON
ADDRESS	PO NUMBER 970815EA	SAMPLERS' (Signatures) <i>[Signatures]</i>

AES SAMPLE NUMBER	SAMPLE IDENTIFICATION	DATE SAMPLED	TIME A = A.M. P = P.M.	MEDIA TYPE/ MATRIX	NO. OF CONT'S	AIR SAMPLE VOLUME (LITERS)	TOTAL SAMPLING TIME (MIN.)	ANALYSIS REQUESTED
	W15	8/18/97	11:55 A	WIPE	1			EPA 8080-PCB
	W16		11:55 A					
	W17		11:32 A					
	W18		11:35 A					
	W19		11:40 A					
	W20		11:43 A					
	W21		2:32 P					
	W22		2:43 P					
	W23		2:53 P					
	W24		2:56 P					
	W25		3:21 P					
	W26		3:25 P					
	W27		3:28 P					
	W28		3:24 P					

SEND REPORT TO PAUL WATSON	SEND INVOICE TO PAUL WATSON	COMMENTS
--------------------------------------	---------------------------------------	----------

TURN-AROUND TIME - PLEASE CHECK ALL THAT APPLY

STANDARD SERVICE

RUSH SERVICE - Results requested by: **5 DAYS**

FAX RESULTS TO: **PETE BETLEY** FAX # **914-257-3388**

PHONE RESULTS TO: _____ PH # () _____

*Turn-around time varies by substance. For most substances, standard turn-around time is ten (10) working days. Please inquire for capacity of rush analysis.

LABORATORY APPROVAL	DATE	TIME	RECEIVED FOR LABORATORY BY	DATE	TIME
---------------------	------	------	----------------------------	------	------

CHAIN OF CUSTODY			DATE	TIME
RELINQUISHED BY (Signature)	RECEIVED BY (Signature)			
RELINQUISHED BY (Signature)	RECEIVED BY (Signature)			

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

3 of 3
REQUEST FOR ANALYSIS

CLIENT NAME S.U.N.Y. - NEW PALTZ	PROJECT NAME (Location) SUNY NEW PALTZ-PCB	SAMPLERS' (Names) J. FRISONE / P. WATSON
ADDRESS	PO NUMBER 970815EA	SAMPLERS' (Signatures) <i>[Signatures]</i>

AES SAMPLE NUMBER	SAMPLE IDENTIFICATION	DATE SAMPLED	TIME A = A.M. P = P.M.	MEDIA TYPE/ MATRIX	NO. OF CONT'S	AIR SAMPLE VOLUME (LITERS)	TOTAL SAMPLING TIME (MIN.)	ANALYSIS REQUESTED
	W29	8/18/97	326	WIPE	1			EPA 8080-PCB
	W30	↓	329	↓	↓			↓
	W31	↓	331	↓	↓			↓
	W32	↓	335	↓	↓			↓
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					

SEND REPORT TO PAUL WATSON	SEND INVOICE TO PAUL WATSON	COMMENTS

TURN-AROUND TIME -- PLEASE CHECK ALL THAT APPLY

STANDARD SERVICE

RUSH SERVICE -- Results requested by: **5 DAYS**

FAX RESULTS TO: **PETE BETLEY** FAX # **914 267-3388**

PHONE RESULTS TO: _____ PH # () _____

*Turn-around time varies by substance. For most substances, standard turn-around time is ten (10) working days. Please inquire for capacity of rush analysis.

LABORATORY APPROVAL	DATE	TIME	RECEIVED FOR LABORATORY BY	DATE	TIME

CHAIN OF CUSTODY

RELINQUISHED BY (Signature)	RECEIVED BY (Signature)	DATE	TIME
RELINQUISHED BY (Signature)	RECEIVED BY (Signature)	DATE	TIME

APPENDIX F
AIR SAMPLING FIELD DATA SHEETS



314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Sunny
PROJECT LOCATION New Paltz
SPECIFIC LOCATION _____

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Paul Weber</u>	SHIPPING DATE	SAMPLING DATE <u>2/18/97</u>	INDSH SAMPLING METHOD <u>DOSH 31-1 - PCB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>Field Blank</u>	S.S. #
---	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	CALCULATIONS Name Method Date	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	CALCULATIONS Name Method Date
---	--	--	--

Handwritten notes: N/A, (CIRCLE ONE) L/min, cc/min, PL, Bios, 2/18/97

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>N/A</u>	<u>A1</u>			<u>7:15 AM</u>	<u>NA</u>			

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE



314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Sully
PROJECT LOCATION New P/H2
SPECIFIC LOCATION _____

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Paul Wilson</u>	SHIPPING DATE	SAMPLING DATE <u>7/18/97</u>	REG. SAMPLING METHOD <u>DOH 311-1 PCB</u>
--	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Field Blank

PRE-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <u>N/A</u>	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name <u>PJ</u> Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate	(CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
--	---------------------------------	---	--	---------------------------------	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>N/A</u>	<u>A2</u>			<u>7:16</u>	<u>NA</u>			

INTERFERENCES AND IN COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulbs _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ SIGNATURE _____



NEW YORK, NY 12207
516-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Sully
PROJECT LOCATION W. 112
SPECIFIC LOCATION _____

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Ray J. H.</u>	SHIPPING DATE	SAMPLING DATE <u>8/10/17</u>	WORK SAMPLING METHOD <u>Dust 3M-1-15</u>
--	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA		S.S. #
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Full Stack

PRE-CALIBRATION Pump Mfg. _____ Pump No. _____ Location _____ Flow Rate _____ (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____	POST-CALIBRATION Pump Mfg. _____ Pump No. _____ Location _____ Flow Rate _____ (CIRCLE ONE) L/min cc/min	CALCULATIONS Name _____ Method _____ Date _____ Time _____
--	---	---	---

PUMP NO.	SAMPLE INFORMATION			BLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>112</u>	<u>112</u>			<u>7:15</u>	<u>1:15</u>			

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____

Supporting Sample Field # _____

Blanks _____

Buffs _____

Other _____

PRINT _____ SIGNATURE _____

I#01



314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Sony
PROJECT LOCATION New Paltz
SPECIFIC LOCATION SCUBBER HALL RM B-3

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Paul Watson</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	MOSS SAMPLING METHOD <u>DOH 311-1 PCP</u>
--	---------------	---------------------------------	--

MONITORED EMPLOYER/AREA <u>(Circled)</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room B-3 Scudder Hall
outside of Desk Right side of room

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>J1101</u> Location <u>Right</u> Flow Rate <u>1.086</u> <small>(CIRCLE ONE)</small> <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS Name <u>PW</u> Method <u>Bios</u> Date <u>8/18/97</u> Time <u>2:21</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH01</u> Location Flow Rate <u>1.078</u> <small>(CIRCLE ONE)</small> <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS <u>1.082 Ave</u> Name <u>PW</u> Method <u>Bios</u> Date <u>8/18/97</u> Time <u>1:36pm</u>
---	--	--	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>I1101</u>	<u>A3</u>			<u>9:29</u>	<u>1:36pm</u>	<u>247</u>	<u>267.2</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulbs _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

JH48



314 North Pearl Street
Albany, New York 12207
518-434-4846 / 434-0881 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION CAPEN HALL RM 121

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Paul Watson</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	INDUSTRIAL SAMPLING METHOD <u>Doh</u> <u>30</u> <u>31-1 RB</u>
--	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 121 Capen-Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH48</u> Location <u>Parking lot</u> Flow Rate <u>0.8802</u> (CIRCLE ONE) <u>L/min</u> cc/min	CALCULATIONS Name <u>Paul Watson</u> Method <u>Bios</u> Date <u>8/18/97</u> Time <u>7:26</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH48</u> Location Flow Rate <u>0.9226</u> (CIRCLE ONE) <u>L/min</u> cc/min	CALCULATIONS <u>0.90 AM</u> Name <u>PW</u> Method <u>Bios</u> Date <u>8/18/97</u> Time <u>1:27 PM</u>
--	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>JH48</u>	<u>A4</u>			<u>9:21</u>	<u>1:27pm</u>	<u>246</u>	<u>221.4</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Buils _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

I H03

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0881 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Sully
PROJECT LOCATION New Paltz
SPECIFIC LOCATION CAPEN HALL RM226

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Paul Watson</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	MOSS SAMPLING METHOD <u>DOH 311-1 PCB</u>
--	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA	S.S. #
-------------------------	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES

AS

Room 226 Capen Hall AS

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH03</u> Location <u>Rel. 1st</u> Flow Rate <u>1.034</u> <small>(CIRCLE ONE)</small> <input checked="" type="radio"/> <u>1</u> /min cc/min	CALCULATIONS Name <u>PW</u> Method <u>BWS</u> Date <u>8/18/97</u> Time <u>2:29</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH03</u> Location Flow Rate <u>1.011</u> <small>(CIRCLE ONE)</small> <input checked="" type="radio"/> <u>1</u> /min cc/min	CALCULATIONS <u>0.70 m</u> <u>1.02 vol</u> Name <u>PW</u> Method <u>BWS</u> Date <u>8/18/97</u> Time <u>1:24 pm</u>
--	---	---	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITERS)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH03</u>	<u>AS</u>	<u>FL</u>		<u>9:16</u>	<u>1:24pm</u>	<u>248</u>	<u>253.6</u>	

INTERFERENCES AND IN COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

JH59

Adirondack

914 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION New Pk H2
SPECIFIC LOCATION CAPEN HALL RM 217

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NOSEN SAMPLING METHOD <u>DOH311-1 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

Room 217 / Capen Hall 16

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH59</u> Location <u>Pk H2</u> Flow Rate <u>1.065</u> (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS Name <u>PW</u> Method <u>BIOS</u> Date <u>8/18/97</u> Time _____	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH59</u> Location Flow Rate <u>1.013</u> (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS <u>1.039</u> Name <u>PW</u> Method <u>BIOS</u> Date <u>8/18/97</u> Time <u>1:21 pm</u>
--	--	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITERS)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>JH59</u>	<u>A6</u>	<u>FL</u>		<u>9:12 AM</u>	<u>1:29</u>	<u>250</u> <u>249</u>	<u>269.8</u> <u>258.7</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

IH49

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION CAPEN HALL RM. 302

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Paul Watson</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>DOH 311-1-PCB</u>
--	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>(circle one)</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 302 Capen Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH49</u> Location <u>1167 Gt</u> Flow Rate <u>0.9852</u> (L/min) <u>cc/min</u>	CALCULATIONS Name <u>PJ</u> Method <u>BIOS</u> Date <u>8/18/97</u> Time	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH49</u> Location Flow Rate <u>0.9706</u> (L/min) <u>cc/min</u>	CALCULATIONS <u>0.9779 Ave</u> Name <u>PW</u> Method <u>BIOS</u> Date <u>8/18/97</u> Time <u>1:17pm</u>
---	--	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN)		
<u>IH49</u>	<u>A17</u>	<u>FL</u>		<u>9:08</u>	<u>11:13pm</u>	<u>2:05</u>	<u>243.8</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Buils _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

IH04

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNV
PROJECT LOCATION New Path
SPECIFIC LOCATION CAPEN HALL RM 311

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>Paul Watson</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	MOSS SAMPLING METHOD <u>DOH 311-1-PCB</u>
--	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA		SS. #
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES

Room 311 Capen Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH04</u> Location <u>Path lot</u> Flow Rate <u>1.034</u> (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> cc/min Name <u>PW</u> Method <u>B105</u> Date <u>8/18/97</u> Time <u>7:12</u>	CALCULATIONS Name <u>PW</u> Method <u>B105</u> Date <u>8/18/97</u> Time <u>7:12</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH04</u> Location <u>Path lot</u> Flow Rate <u>1.025</u> (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> cc/min Name <u>PW</u> Method <u>B105</u> Date <u>8/18/97</u> Time <u>1:44pm</u>	CALCULATIONS <u>1.029 L/min</u>
---	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH04</u>	<u>A8</u>	<u>FL</u>		<u>9:05</u>	<u>1:14pm</u>	<u>248.17</u>	<u>256.33</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

~~IH29~~ IH29

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION CAPEN HALL RM 315

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	MOON SAMPLING METHOD <u>DOH 31-1</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA	SS. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 315 Capen Hall

PRE-CALIBRATION Pump Mtg. <u>MSA</u> Pump No. <u>IH29</u> Location <u>Lot</u> Flow Rate <u>1.12</u> <small>(CIRCLE ONE)</small> <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS Name <u>PW</u> Method <u>BIOS</u> Date <u>8/18/97</u> Time <u>7:50</u>	POST-CALIBRATION Pump Mtg. <u>MSA</u> Pump No. <u>IH29</u> Location Flow Rate <u>0.9749</u> <small>(CIRCLE ONE)</small> <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS <u>0.99345 AL</u> Name <u>PW</u> Method <u>BIOS</u> Date <u>8/18/97</u> Time <u>1:11 PM</u>
--	--	--	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH29</u>	<u>A9</u>			<u>8:59</u>	<u>1:11 PM</u>	<u>252.4</u>	<u>250.3</u> <u>256.3</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

I#05



314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0881 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION GAGE HALL RM 203

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>DOH 311-T PCB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 203 Corridor 9 Room.
GAGE HALL

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH 05</u> Location <u>Lab</u> Flow Rate <u>1.038</u> <small>(CIRCLE ONE)</small> <input checked="" type="checkbox"/> L/min <input type="checkbox"/> cc/min	CALCULATIONS Name <u>PW</u> Method <u>B105</u> Date <u>8/18/97</u> Time <u>7:54</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH 05</u> Location Flow Rate <u>0.9884</u> <small>(CIRCLE ONE)</small> <input checked="" type="checkbox"/> L/min <input type="checkbox"/> cc/min	CALCULATIONS <u>1.0637 L/min</u> Name <u>PW</u> Method <u>B105</u> Date <u>8/18/97</u> Time <u>1:00pm</u>
--	--	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH 05</u>	<u>A10</u>	<u>FL</u>		<u>8:45</u>	<u>1:00pm</u>	<u>2352</u>	<u>258.4</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0801 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNNY H
PROJECT LOCATION New Paltz
SPECIFIC LOCATION GAGE HALL RM 325

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIFTING DATE	SAMPLING DATE <u>8/18/97</u>	ROUGH SAMPLING METHOD <u>DWH 311-1 PC 3</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>(P)</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 325 Center of Room GAGE HALL

PRE-CALIBRATION Pump Mtg. <u>MSA</u> Pump No. <u>JH17</u> Location <u>L1</u> Flow Rate <u>0.9517</u> (L/min) / (cc/min)	CALCULATIONS Name <u>PW</u> Method <u>R105</u> Date <u>8/18/97</u> Time <u>7:58</u>	POST-CALIBRATION Pump Mtg. Pump No. Location Flow Rate <u>0.8687</u> (L/min) / (cc/min)	CALCULATIONS <u>019102</u> Name <u>PW</u> Method <u>R105</u> Date <u>8/18/97</u> Time <u>12:55 PM</u>
--	--	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>JH17</u>	<u>A11</u>	<u>FL</u>		<u>8:40</u>	<u>12:55</u>	<u>255</u>	<u>232.1</u>	

INTERFERENCES AND IN COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Buils _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY 4 _____ PRINT _____ SIGNATURE _____

I H07

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

CLIENT NAME SC117
PROJECT LOCATION New P.H.C
SPECIFIC LOCATION GAGE HALL RM 302

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>DOH 311-1 PCR</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA		SS. #
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
GAGE HALL Room 302 Carky Room

PRE-CALIBRATION Pump Mtg. <u>MSA</u> Pump No. <u>IH07</u> Location <u>CA</u> Flow Rate (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> cc/min <u>0.8346</u>	CALCULATIONS Name <u>PW</u> Method <u>SJS</u> Date <u>8/18/97</u> Time <u>8:03</u>	POST-CALIBRATION Pump Mtg. <u>MSA</u> Pump No. <u>IH07</u> Location Flow Rate (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> cc/min <u>0.8429</u>	CALCULATIONS <u>0.83895 Ave</u> Name <u>PW</u> Method <u>8/18/97</u> Date <u>8/18/97</u> Time <u>12:57</u>
---	---	--	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH07</u>	<u>A12</u>	<u>FL</u>		<u>8:33am</u>	<u>12:57</u>	<u>264</u>	<u>922.4</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

IH48



314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION SCUDDER HALL 107

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PAUL WATSON</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	MESH SAMPLING METHOD <u>DOM 311-1 PCB</u>
--	---------------	---------------------------------	--

MONITORED EMPLOYEE AREA	S.S. #
-------------------------	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES

ROOM 107
SCUDDER HALL

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH48</u> Location Flow Rate <u>1.046</u> (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS Name <u>PW</u> Method <u>B105</u> Date <u>8/18/97</u> Time <u>1:43pm</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH48</u> Location Flow Rate <u>1.057</u> (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS <u>1.0515 Ave</u> Name <u>PW</u> Method <u>B105</u> Date <u>8/18/97</u> Time <u>5:42</u>
--	--	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH48</u>	<u>113</u>			<u>1:43pm</u>	<u>5:43</u>	<u>240</u>	<u>252.4</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

IH05

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION SCUDDER HALL RM209

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	HIGH SAMPLING METHOD <u>DOH 311-1 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA		S.S. #
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 209 Scudder Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH05</u> Location <u>Amherst</u> Flow Rate <u>0.9030</u> (CIRCLE ONE) <u>L/min</u> cc/min	CALCULATIONS Name <u>PW</u> Method <u>R105</u> Date <u>8/18/97</u> Time <u>1:49</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH05</u> Location Flow Rate <u>0.8931</u> (CIRCLE ONE) <u>L/min</u> cc/min	CALCULATIONS <u>0.898</u> hr Name <u>PW</u> Method <u>R105</u> Date <u>8/18/97</u> Time <u>5:47</u>
--	--	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>AM14</u>			<u>1:49 PM</u>	<u>5:49</u>	<u>240</u>	<u>215.5</u>	

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

IHO1

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR/SAMPLING RECORD
FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION SCUDDER HALL RM 222

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	ROUGH SAMPLING METHOD <u>DOH-311-1 PCB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Scudder Hall Rm 222

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IHO1</u> Location Flow Rate (CIRCLE ONE) <u>1.17A</u> <u>l/min</u>	CALCULATIONS Name <u>PW</u> Method <u>BIOS</u> Date <u>8/18/97</u> Time <u>1:53p</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IHO1</u> Location Flow Rate (CIRCLE ONE) <u>1.092</u> <u>l/min</u>	CALCULATIONS <u>1.1015 Ae</u> Name <u>PW</u> Method <u>3.0.3</u> Date <u>8/18/97</u> Time <u>5:53</u>
--	---	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IHO1</u>	<u>A15</u>			<u>1:53p</u>	<u>5:53</u>	<u>240</u>	<u>264.4</u>	

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

IHO7

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION SCUDDER HALL RM 328

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>DOH-311-1 PCB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 328 Scudder Hall

PRE-CALIBRATION Pump Mfg <u>MSA</u> Pump No. <u>IHO7</u> Location Flow Rate <u>0.9975</u> <small>(CIRCLE ONE) L/min cc/min</small>	CALCULATIONS Name <u>PW</u> Method <u>BIOS</u> Date <u>8/18/97</u> Time <u>1:57p</u>	POST-CALIBRATION Pump Mfg <u>MSA</u> Pump No. <u>IHO7</u> Location Flow Rate <u>0.9584</u> <small>(CIRCLE ONE) L/min cc/min</small>	CALCULATIONS Name <u>PW</u> Method <u>Bios</u> Date <u>8/18/97</u> Time <u>5:57</u> <u>0.97795</u> <u>AR</u>
--	---	---	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IHO7</u>	<u>A16</u>			<u>1:57p</u>	<u>5:57</u>	<u>240</u>	<u>294.7</u>	

INTERFERENCES AND IH COMMENTS TO LAB

* Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

IH47

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0991 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION SCUDDER HALL RM 322

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	WASH SAMPLING METHOD <u>DOH 311-1 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>(6)</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 322 Scudder Hall
Fan on in Room.

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH47</u> Location Flow Rate <u>0.9655</u> cc/min <small>(CIRCLE ONE)</small> <u>2</u> l/min	CALCULATIONS Name <u>PW</u> Method <u>BIOS</u> Date <u>8/18/97</u> Time <u>2:00 PM</u>	POST-CALIBRATION Pump Mfg. Pump No. Location Flow Rate <u>0.9573</u> cc/min <small>(CIRCLE ONE)</small> <u>1</u> l/min	CALCULATIONS <u>0.95915 AM</u> Name <u>PW</u> Method <u>BIOS</u> Date <u>8/18/97</u> Time <u>6:07</u>
--	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>A17</u>			<u>2:00 PM</u>	<u>6:07</u>	<u>247</u>	<u>236.9</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

IH03

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0861 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION SCUDDER HALL RM 320

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	MOBIL SAMPLING METHOD <u>DOH 311-1 PCB</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA		S.S. #
TITLE		DEPARTMENT
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 320 Scudder Hall II

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH03</u> Location Flow Rate <u>0.8654</u> <small>(CIRCLE ONE)</small> <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS Name <u>PW</u> Method <u>Bios</u> Date <u>8/18/97</u> Time <u>2:05 pm</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH03</u> Location Flow Rate <u>0.8559</u> <small>(CIRCLE ONE)</small> <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS <u>0.86065 Ave</u> Name <u>PW</u> Method <u>Bios</u> Date <u>8/18/97</u> Time <u>5:07</u>
--	---	---	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH03</u>	<u>AIR</u>			<u>2:05 pm</u>	<u>6:05 pm</u>	<u>240</u>	<u>206.6</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulbs _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

JA 29

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Bliss Hall Rm 114

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	STARTING DATE	SAMPLING DATE <u>8/18/97</u>	HOSE SAMPLING METHOD <u>DOT 311 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYER/AREA <u>(A)</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Bliss Hall Room 114

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>7H29</u> Location Flow Rate <u>0.9716</u> <input checked="" type="radio"/> L/min <input type="radio"/> CC/min	CALCULATIONS Name <u>PW</u> Method <u>NIOS</u> Date <u>8/12/97</u> Time <u>2:16</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>7H29</u> Location Flow Rate <u>0.9288</u> <input type="radio"/> L/min <input checked="" type="radio"/> CC/min	CALCULATIONS <u>0.9502 Ae</u> Name <u>PW</u> Method <u>NIOS</u> Date <u>8/18/97</u> Time <u>5:15</u>
---	--	--	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>7H19</u>	<u>A19</u>			<u>2:16</u>	<u>5:16</u>	<u>240</u>	<u>278.0</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

IH59

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Bliss Hall RM 112

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>JW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	NIOSH SAMPLING METHOD <u>DOH 511-1</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Rm 112 Bliss Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH</u> Location <u>Rm 112</u> Flow Rate <u>0.9193</u> <small>(CIRCLE ONE)</small> <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS <u>0.9103</u> Name <u>JW</u> Method <u>Bios</u> Date <u>8/18/97</u> Time <u>2:19 pm</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH59</u> Location <u>IH59</u> Flow Rate <u>0.8893</u> <small>(CIRCLE ONE)</small> <input checked="" type="radio"/> L/min <input type="radio"/> cc/min	CALCULATIONS <u>6.8998 Ave</u> Name <u>JW</u> Method <u>K105</u> Date <u>8/18/97</u> Time <u>6:18</u>
---	--	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH59</u>	<u>A20</u>			<u>2:19 pm</u>	<u>6:19</u>	<u>240</u>	<u>215.9</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

I 1404

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION BLISS HALL RM 223

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	INSTRUMENT SAMPLING METHOD <u>DOH 311-1 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA		S.S. #
TITLE		DEPARTMENT
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Bliss Hall Room 223

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH04</u> Location <u>K-223</u> Flow Rate <u>0.9824</u> <small>(CIRCLE ONE)</small> <u>L/min</u> cc/min	CALCULATIONS Name <u>PW</u> Method <u>305</u> Date <u>8/18/97</u> Time <u>2:26</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH04</u> Location Flow Rate <u>0.9022</u> <small>(CIRCLE ONE)</small> <u>L/min</u> cc/min	CALCULATIONS <u>0.9426</u> <u>AL</u> Name <u>PW</u> Method <u>305</u> Date <u>8/18/97</u> Time <u>6:24</u>
--	---	--	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH04</u>	<u>A21</u>			<u>2:26pm</u>	<u>6:26</u>	<u>240</u>	<u>226.2</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION NEW PALTZ
SPECIFIC LOCATION BLISS HALL RM 218

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/18/97</u>	WASH SAMPLING METHOD <u>DOH 311-1 PCB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Bliss Hall 32 Rm 218 - 11/11

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH49</u> Location Flow Rate <u>1.008</u> (CIRCLE ONE) <u>L/min</u> / 60/min	CALCULATIONS Name <u>PW</u> Method Date <u>8/18/97</u> Time <u>2:29pm</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH49</u> Location Flow Rate <u>0.946</u> (CIRCLE ONE) <u>L/min</u> / cc/min	CALCULATIONS <u>0.97705 Ave</u> Name <u>PW</u> Method <u>305</u> Date <u>8/18/97</u> Time <u>6:30</u>
--	--	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH49</u>	<u>A22</u>			<u>2:29P</u>	<u>6:30</u>	<u>241</u>	<u>235.5</u>	

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ SIGNATURE _____

Adirondack

514 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME SUNNY P...
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Outside Sage Hill

PERSON PERFORMING SAMPLING PK SHIPPING DATE 7/20/97 SAMPLING DATE 8/19/97 NUMBER SAMPLING METHOD DOHA 3149

MONITORED EMPLOYEE/AREA as S.S. # 15

TITLE _____ DEPARTMENT _____

TASK/OPERATION _____ PPE _____ ENG/WORK PRACTICES _____

ENVIRONMENTAL CONDITIONS AND NOTES
Field Blank

PRE-CALIBRATION Pump Mtg. _____ Pump No. _____ Location _____ Flow Rate _____ (circle one) L/min _____ cc/min _____ Name _____ Method _____ Date _____ Time _____

CALCULATIONS _____

POST-CALIBRATION Pump Mtg. _____ Pump No. _____ Location _____ Flow Rate _____ (circle one) L/min _____ cc/min _____ Name _____ Method _____ Date _____ Time _____

CALCULATIONS _____

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
	<u>A23</u>			<u>7:00</u>				

INTERFERENCES AND IH COMMENTS TO LAB _____

Supporting Sample Field # _____

Blanks _____

Buils _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____



314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0881 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNNY
PROJECT LOCATION New Pathz
SPECIFIC LOCATION Outside gage hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/19/97</u>	NIOSH SAMPLING METHOD <u>DOH 311-1 RB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Outside gage hall, Flare lead on REF. to
with 7 extreme Doors

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH01</u> Location Flow Rate <u>0.9207</u> (CIRCLE ONE) <u>L/min</u> cc/min	CALCULATIONS Name <u>PW</u> Method <u>BUS</u> Date <u>8/19/97</u> Time <u>8:17</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH01</u> Location <u>o/s</u> Flow Rate <u>0.8827</u> (CIRCLE ONE) <u>L/min</u> cc/min	CALCULATIONS <u>0.9017</u> Name <u>PW</u> Method <u>BUS</u> Date <u>8/19/97</u> Time <u>8:127</u>
--	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>JH01</u>	<u>A24</u>			<u>8:28</u>	<u>12:29</u>	<u>240</u>	<u>216.4</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____
REVIEWED BY _____ PRINT SIGNATURE _____

7/19/97

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Scilly
PROJECT LOCATION New Pette
SPECIFIC LOCATION Sage Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/19/97</u>	MOSS SAMPLING METHOD <u>DOH311-1</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYER/AREA	S.S. #
-------------------------	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES
Room 305 Sage Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH48</u> Location <u>305</u> Flow Rate _____ (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> CC/min <u>0.9448</u>	CALCULATIONS Name <u>PW</u> Method <u>ROS</u> Date <u>8/19/97</u> Time <u>8:57</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH48</u> Location <u>305</u> Flow Rate _____ (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> CC/min <u>0.9193</u>	CALCULATIONS <u>0.93 CC/min, P2</u> Name <u>PW</u> Method <u>ROS</u> Date <u>8/19/97</u> Time <u>8:57</u>
--	---	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>JH48</u>	<u>A25</u>			<u>8:38</u>	<u>10:38</u>	<u>240</u>	<u>283.77</u>	

INTERFERENCES AND IN COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

IH07

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Sony
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Sage Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/19/97</u>	NIOSH SAMPLING METHOD <u>DOT 31-1</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>(circle)</u>	S.S. # <u>1</u>	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Sage Hall, Room 223

PRE-CALIBRATION Pump Mfg. <u>MSI</u> Pump No. <u>IH07</u> Location <u>223</u> Flow Rate <u>0.3166</u> (circle one) <u>L/min</u> cc/min	CALCULATIONS Name <u>PW</u> Method <u>RDS</u> Date <u>8/19/97</u> Time <u>8:44</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH07</u> Location Flow Rate <u>0.7924</u> (circle one) <u>L/min</u> cc/min	CALCULATIONS <u>0.7924</u> Name <u>PW</u> Method <u>RDS</u> Date <u>8/19/97</u> Time <u>12:39</u>
---	---	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH07</u>	<u>A26</u>			<u>8:44</u>	<u>12:40</u>	<u>187.0</u> <u>236</u>	<u>187.0</u>	

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0881 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Sage Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PJ</u>	SHIPPING DATE	SAMPLING DATE <u>8/19/97</u>	WOSH SAMPLING METHOD <u>DOT/311-1 P-13</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA	S.S. #
-------------------------	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES
Room 227 Sage Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>I447</u> Location Flow Rate: <u>1.006</u> (CIRCLE ONE) <u>L/min</u> cc/min	CALCULATIONS Name <u>PJ</u> Method <u>IOS</u> Date <u>8/19/97</u> Time <u>8:50</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>I447</u> Location Flow Rate: <u>0.9825</u> (CIRCLE ONE) cc/min	CALCULATIONS <u>0.99425</u> AQ Name <u>PJ</u> Method <u>IOS</u> Date <u>8/19/97</u> Time <u>12:50</u>
---	---	---	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>I447</u>	<u>A27</u>			<u>8:51</u>	<u>12:51</u>	<u>240</u>	<u>238.6</u>	

INTERFERENCES AND IN COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Buils _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE _____

I H03

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNY
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Base Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>2/19/97</u>	NIOSH SAMPLING METHOD <u>DOH 311-1 PB</u>
---	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>(Circled)</u>		S.S. #
TITLE		DEPARTMENT
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room # 225 Base Hall

PRE-CALIBRATION Pump Mfg. <u>MSD</u> Pump No. <u>IH03</u> Location <u>#225</u> Flow Rate <u>0.9882</u> <small>(CIRCLE ONE)</small> L/min cc/min	CALCULATIONS Name <u>PW</u> Method <u>SIUS</u> Date <u>2/19/97</u> Time <u>8:57</u>	POST-CALIBRATION Pump Mfg. <u>MSD</u> Pump No. <u>IH03</u> Location Flow Rate <u>0.9512</u> <small>(CIRCLE ONE)</small> L/min cc/min	CALCULATIONS <u>0.9697 liter</u> Name <u>PW</u> Method <u>SIUS</u> Date <u>2/19/97</u> Time <u>12:55</u>
---	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH03</u>	<u>A28</u>			<u>8:57</u>	<u>12:57</u>	<u>240</u>	<u>232.7</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

IH 05
Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME SUNY New Paltz
PROJECT LOCATION _____
SPECIFIC LOCATION Base Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/19/97</u>	NIOSH SAMPLING METHOD <u>DOH 318-1</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>(circle)</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 231 Sage Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH05</u> Location Flow Rate <u>1.005</u>	CALCULATIONS Name <u>PW</u> Method <u>8105</u> Date <u>8/19/97</u> Time <u>8:02</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>IH05</u> Location Flow Rate <u>0.9670</u>	CALCULATIONS <u>0.9265 Ave</u> Name <u>PW</u> Method <u>8105</u> Date <u>8/19/97</u> Time <u>1:00</u>
--	--	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>IH05</u>	<u>A29</u>			<u>9:03</u>	<u>1:03</u>	<u>040</u>	<u>236.8</u>	

INTERFERENCES AND IH COMMENTS TO LAB
Supporting Sample Field # _____
Blanks _____
Bulks _____
Other _____
AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____
REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4548 / 434-0881 FAX

**INDUSTRIAL HYGIENE AIR SAMPLING RECORD
FIELD DATA SHEET**

CLIENT NAME Sony
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Base Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/19/97</u>	NIOSH SAMPLING METHOD <u>DOH 511-7</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>(C)</u>	S.S. #	
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Room 112 Base Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>FH59</u> Location <u>112</u> Flow Rate <u>0.8735</u> (CIRCLE ONE) L/min cc/min	CALCULATIONS Name <u>RW</u> Method <u>BIDS</u> Date <u>8/19/97</u> Time <u>9:10</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>FH59</u> Location Flow Rate <u>0.8524</u> (CIRCLE ONE) L/min cc/min	CALCULATIONS <u>0.86295 Ave</u> Name <u>PJ</u> Method <u>BIDS</u> Date <u>8/19/97</u> Time <u>1:10</u>
--	--	--	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>FAK9</u>	<u>A30</u>			<u>9:12</u>	<u>1:12</u>	<u>240</u>	<u>207.1</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Buiks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT SIGNATURE

JH49



314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Suny
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Bliss Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE	SAMPLING DATE <u>8/19/97</u>	NIOSH SAMPLING METHOD <u>DOH 311-1 PCP</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA <u>Pump Shut Off</u>	TITLE	DEPARTMENT
---	-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES
Run # 214
Bliss Hall
Used Pumped!

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH49</u> Location <u>214</u> Flow Rate <u>0.9161</u> <small>(CIRCLE ONE)</small> <u>L/min</u> cc/min	CALCULATIONS Name <u>PW</u> Method <u>GIS</u> Date <u>8/15/97</u> Time <u>9:26</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH49</u> Location Flow Rate <small>(CIRCLE ONE)</small> <u>L/min</u> cc/min	CALCULATIONS Name <u>PW</u> Method <u>GIS</u> Date <u>8/15/97</u> Time
--	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>JH49</u>	<u>A31</u>			<u>9:27</u>				

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

JH03

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Stamps

PROJECT LOCATION Newport AZ

SPECIFIC LOCATION C. Bliss Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>RKE</u>	SHIPPING DATE	SAMPLING DATE <u>8/19/97</u>	NIOSH SAMPLING METHOD <u>2A-1758 RB</u>
--	---------------	---------------------------------	--

MONITORED EMPLOYEE/AREA <u>RKE</u>	S.S. #
---------------------------------------	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES

Room 2114 (Bliss Hall) Floor area

Replacement for A31

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH03</u> Location Flow Rate (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> cc/min <u>0.9038</u>	CALCULATIONS Name <u>RW</u> Method <u>3.05</u> Date <u>8/19/97</u> Time <u>1:31</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JH03</u> Location Flow Rate (CIRCLE ONE) <input checked="" type="radio"/> L/min <input type="radio"/> cc/min <u>0.9000</u>	CALCULATIONS <u>0.9019 Ave.</u> Name <u>RW</u> Method <u>3.05</u> Date <u>8/19/97</u> Time <u>1:51</u>
---	--	--	--

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>JH03</u>	<u>A31A</u>			<u>1:51</u>	<u>5:34</u>	<u>243</u>	<u>219.2</u>	

INTERFERENCES AND IH COMMENTS TO LAB

AES Project # _____

Supporting Sample Field # _____

Blanks _____

Bulks _____

Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

I404

Adironack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Sony
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Bliss Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PW</u>	SHIPPING DATE <u>8/19/97</u>	SAMPLING DATE <u>8/19/97</u>	HIGH SAMPLING METHOD <u>DOH 311-1</u>
---	---------------------------------	---------------------------------	--

MONITORED EMPLOYER/AREA <u>Bliss Hall</u>		S.S. #
TITLE	DEPARTMENT	
TASK/OPERATION	PPE	ENG/WORK PRACTICES

ENVIRONMENTAL CONDITIONS AND NOTES
Ren 203 Bliss Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>I404</u> Location <u>203</u> Flow Rate <u>0.9986</u> (L/min) <input checked="" type="radio"/> cc/min	CALCULATIONS Name <u>PW</u> Method <u>305</u> Date <u>8/19/97</u> Time <u>9:21</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>I404</u> Location Flow Rate <u>0.9325</u> (L/min) <input checked="" type="radio"/> cc/min	CALCULATIONS Name <u>PW</u> Method <u>305</u> Date <u>8/19/97</u> Time <u>1:34</u>
--	---	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN)		
<u>I404</u>	<u>A32</u>	<u>F</u>	<u>305</u>	<u>9:31</u>	<u>1:35</u>	<u>80</u> <u>344</u>	<u>235.6</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____

Blanks 2

Bulks _____

Other _____

AES Project # _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

JA29



314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-8891 FAX

INDUSTRIAL HYGIENE AIR SAMPLING RECORD FIELD DATA SHEET

CLIENT NAME Suny
PROJECT LOCATION New Paltz
SPECIFIC LOCATION Bliss Hall

PLEASE PRINT

PERSON PERFORMING SAMPLING <u>PV</u>	SHIPPING DATE	SAMPLING DATE <u>8/19/97</u>	MOSH SAMPLING METHOD <u>Dot311-1</u>
---	---------------	---------------------------------	---

MONITORED EMPLOYEE/AREA	S.S. #
-------------------------	--------

TITLE	DEPARTMENT
-------	------------

TASK/OPERATION	PPE	ENG/WORK PRACTICES
----------------	-----	--------------------

ENVIRONMENTAL CONDITIONS AND NOTES
Room 230 Bliss Hall

PRE-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JA29</u> Location Flow Rate <u>0.9557</u> <small>(CIRCLE ONE)</small> <small>L/min</small> / <small>cc/min</small>	CALCULATIONS Name <u>PW</u> Method <u>SIDS</u> Date <u>8/19/97</u> Time <u>9:35</u>	POST-CALIBRATION Pump Mfg. <u>MSA</u> Pump No. <u>JA29</u> Location Flow Rate <u>0.9107</u> <small>(CIRCLE ONE)</small> <small>L/min</small> / <small>cc/min</small>	CALCULATIONS <u>0.9332 AL</u> Name <u>PV</u> Method <u>SIDS</u> Date <u>8/19/97</u> Time <u>11:39</u>
---	--	--	---

PUMP NO.	SAMPLE INFORMATION			CLOCK TIME			SAMPLE VOLUME (LITER)	RESULT (DIRECT READ)
	FIELD NO.	TYPE MEDIA	LOT NO.	START	STOP	TOTAL TIME (MIN.)		
<u>JA29</u>	<u>A35</u>			<u>9:36</u>	<u>1:39</u>	<u>243</u>	<u>226.8</u>	

INTERFERENCES AND IH COMMENTS TO LAB

Supporting Sample Field # _____
 Blanks 2
 Bunks _____
 Other _____

DATE RECEIVED BY LAB _____ DATE ANALYZED _____

REVIEWED BY _____ PRINT _____ SIGNATURE _____

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546/434-0891 FAX

REQUEST FOR ANALYSIS

CLIENT NAME <u>Sunny Neustadt</u>	PROJECT NAME (Location) <u>Sunny PCB</u>	SAMPLERS (Names) <u>Paul White / K. L. ...</u>
ADDRESS <u>75 South Main St Albany, NY 12242</u>	PO NUMBER <u>970815EA</u>	SAMPLERS (Signatures) <u>Paul White / K. L. ...</u>

AES SAMPLE NUMBER	SAMPLE IDENTIFICATION	DATE SAMPLED	TIME A = A.M. P = P.M.	MEDIA TYPE/ MATRIX	NO. OF CONT'S	AIR SAMPLE VOLUME (LITERS)	TOTAL SAMPLING TIME (MIN.)	ANALYSIS REQUESTED
	A1	8/18/17	7:15	Air	1	N/A		Detl PCBs
	A2		7:16		1	N/A		
	A3				1	267.2	247	
	A4				1	221.4	246	
	A5				1	252.6	248	
	A6				1	268.0	249	
	A7				1	243.5	249	
	A8				1	256.3	249	
	A9				1	250.3	252	
	A10				1	252.4	255	
	A11				1	232.1	255	
	A12				1	221.4	264	
	A13 (Pw)							
	A14 (Pw)							

SEND REPORT TO <u>Paul White</u>	SEND INVOICE TO <u>Paul White</u>	COMMENTS
----------------------------------	-----------------------------------	----------

TURN-AROUND TIME — PLEASE CHECK ALL THAT APPLY

STANDARD SERVICE

RUSH SERVICE — Results requested by: Sunny Neustadt

FAX RESULTS TO: Patricia Kelly FAX # 518/434-3378

PHONE RESULTS TO: _____ PH # () _____

*Turn-around time varies by substance. For most substances, standard turn-around time is ten (10) working days. Please inquire for capacity of rush analysis.

LABORATORY APPROVAL	DATE	TIME	RECEIVED FOR LABORATORY BY <u>Paul White</u>	DATE	TIME
---------------------	------	------	--	------	------

CHAIN OF CUSTODY	RELINQUISHED BY (Signature) <u>Paul White</u>	RECEIVED BY (Signature)	DATE	TIME
	RELINQUISHED BY (Signature)	RECEIVED BY (Signature)	DATE	TIME

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546/434-0891 FAX

REQUEST FOR ANALYSIS

CLIENT NAME <i>Sunny Hill Pk</i>	PROJECT NAME (Location) <i>Sunny Hill Pk</i>	SAMPLERS' (Names) <i>Paul W. [unclear]</i>
ADDRESS <i>75 South [unclear] Blvd New Paltz, NY</i>	PO NUMBER <i>970815EA</i>	SAMPLERS' (Signatures) <i>Paul W. [unclear]</i>

AES SAMPLE NUMBER	SAMPLE IDENTIFICATION	DATE SAMPLED	TIME A = A.M. P = P.M.	MEDIA TYPE/ MATRIX	NO. OF CONT'S	AIR SAMPLE VOLUME (LITERS)	TOTAL SAMPLING TIME (MIN.)	ANALYSIS REQUESTED
	A13	8/18/17	1:30 P	Tree	1	252.4	240	D11211-1
	A14		1:30 P		1	215.5	240	
	A15		1:30 P		1	264.4	240	
	A16		1:52 P		1	234.7	210	
	A17		2:00 P		1	536.9	247	
	A18		2:05 P		1	216.6	240	
	A19		2:16 P		1	228.0	240	
	A20		2:19 P		1	215.9	240	
	A21		2:26 P		1	226.2	240	
	A22		2:29 P		1	235.5	241	

SEND REPORT TO <i>Paul W. [unclear]</i>	SEND INVOICE TO <i>Paul W. [unclear]</i>	COMMENTS
---	--	----------

TURN-AROUND TIME — PLEASE CHECK ALL THAT APPLY

STANDARD SERVICE

RUSH SERVICE — Results requested by: *[unclear]*

FAX RESULTS TO: *[unclear]* FAX # *518-434-0891*

PHONE RESULTS TO: *[unclear]* PH # ()

*Turn-around time varies by substance. For most substances, standard turn-around time is ten (10) working days. Please inquire for capacity of rush analysis.

LABORATORY APPROVAL	DATE	TIME	RECEIVED FOR LABORATORY BY	DATE	TIME
---------------------	------	------	----------------------------	------	------

CHAIN OF CUSTODY					
RELINQUISHED BY (Signature)	RECEIVED BY (Signature)	DATE	TIME	DATE	TIME
RELINQUISHED BY (Signature)	RECEIVED BY (Signature)	DATE	TIME	DATE	TIME

Adirondack

314 North Pearl Street
Albany, New York 12207
518-434-4546 / 434-0891 FAX

REQUEST FOR ANALYSIS

CLIENT NAME <i>Sunny Hill Pile</i>	PROJECT NAME (Location) <i>Sunny Hill Pile</i>	SAMPLERS* (Names) <i>Paul White</i>
ADDRESS <i>255 South Pearl Street No. 2422-112221</i>	PO NUMBER <i>770815EA</i>	SAMPLERS* (Signatures) <i>Paul White</i>

AES SAMPLE NUMBER	SAMPLE IDENTIFICATION	DATE SAMPLED	TIME A = A.M. P = P.M.	MEDIA TYPE/ MATRIX	NO. OF CONT'S	AIR SAMPLE VOLUME (LITERS)	TOTAL SAMPLING TIME (MIN.)	ANALYSIS REQUESTED
	A23	8/17/97	8:40 (A/P)	Soil	1	N/A	N/A	D, H, Zn, Pb
	A24		8:45 (A/P)		1	216.4	240	
	A25		8:50 (A/P)		1	223.7	240	
	A26		8:55 (A/P)		1	127.0	236	
	A27		8:57 (A/P)		1	238.6	240	
	A28		8:57 (A/P)		1	232.7	240	
	A29		9:05 (A/P)		1	236.8	240	
	A30		9:12 (A/P)		1	227.1	240	
	A31		9:27 (A/P)					VOID
	A32		9:35 (A/P)		1	235.6	244	
	A33		9:40 (A/P)		1	276.8	243	
	A31A		10:10 (A/P)		1	277.2	243	

SEND REPORT TO <i>Paul White</i>	SEND INVOICE TO <i>Paul White</i>	COMMENTS

TURN-AROUND TIME — PLEASE CHECK ALL THAT APPLY

STANDARD SERVICE

RUSH SERVICE — Results requested by: *Sunny Hill*

FAX RESULTS TO: *Paul White* FAX # (914) 577-3388

PHONE RESULTS TO: PH # ()

*Turn-around time varies by substance. For most substances, standard turn-around time is ten (10) working days.
Please inquire for capacity of rush analysis.

LABORATORY APPROVAL	DATE	TIME	RECEIVED FOR LABORATORY BY	DATE	TIME

CHAIN OF CUSTODY

RELINQUISHED BY (Signature) <i>Paul White</i>	RECEIVED BY (Signature)	DATE	TIME
RELINQUISHED BY (Signature)	RECEIVED BY (Signature)	DATE	TIME