

## Personal Air Sampling Log

NIOSH Staff \_\_\_\_\_

<b>Name:</b> First _____ Last _____	<b>Job Title:</b> _____	<b>Date:</b> _____
<b>Work group:</b> Production / Production support		<b>Department:</b> _____

<b>Personal Samplers</b>									
Sampler Type	Serial #	Filter ID	Time On	Time Off	Total Min in pump	Pre-Cal	Post-Cal	Pump Number	Fault Y/N
pDR, <b>2.5LPM</b>		PN0824 _____							
Respirable cyclone, <b>4.2LPM</b>		PN0824 _____							

<b>Pump / pDR Check</b>		
No	Time	Sampling time (min) in pump and condition
1		
2		
3		
4		
5		
6		
7		