

Appendix D2: Household Environmental Sample Collection Form - Robust Sampling

Form Approved
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ATSDR estimates the average public reporting burden for this collection of information as two hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0048).

Date and Time of Sample Collection: _____

Address of Sample Collection: _____

Samples Collected

Indoor Air

Indoor **Air** - Sample ID _____

Indoor **Air** Sample Location Description _____

Indoor **Air** Sample Start Date/Time _____

Indoor **Air** Sample End Date/Time _____

Flow Rate Data

Measurement 1 _____

Measurement 2 _____

Measurement 3 _____

Average _____

Indoor **Air** Duplicate Sample Start Time _____

Indoor **Air** Sample End Date/Time _____

Flow Rate Data _____

Measurement 1 _____

Measurement 2 _____

Measurement 3 _____

Average _____

Indoor Air Humidity (%) _____

Indoor Air Temperature (°F) _____

Dust - Filtered

Indoor **Dust** (Filtered Cassette) 1 (PFAS Sample)- Sample ID _____

Indoor **Dust** (Filtered Cassette) 1 Sample Location Description _____

Indoor **Dust** (Filtered Cassette) 2 (FTOH or TOF Sample)- Sample ID _____
FTOH / TOF (circle one)

Indoor **Dust** (Filtered Cassette) 2 Sample Location Description _____

Indoor **Dust** (Filtered Cassette) - Duplicate Sample ID _____
none / PFAS / FTOH / TOF (circle one)

Dust - Bulk

Indoor **Dust** (Bulk) - Sample ID _____

Indoor **Dust** (Bulk) Sample Description (indicate vacuum type) _____

Indoor **Dust** (Bulk) - Duplicate Sample ID _____

Surface Wipe

Location #1 Surface Wipe Location Description _____

Location #1 Surface Wipe #1 - Sample ID _____

Location #1 Surface Wipe #2 - Sample ID _____

Location #1 Surface Wipe #3 - Sample ID _____

Location #1 Surface Wipe #4 - Sample ID _____

Location #1 Surface Wipe Duplicate - Sample ID _____

Location #2 Surface Wipe Location Description _____

Location #2 Surface Wipe #1 - Sample ID _____

Location #2 Surface Wipe #2 - Sample ID _____

Location #2 Surface Wipe #3 - Sample ID _____

Location #2 Surface Wipe #4 - Sample ID _____

Location #2 Surface Wipe Duplicate - Sample ID _____

Soil

ISM Soil - Sample ID _____

ISM Soil Sample Location Description (e.g., the corners of the decision unit)

ISM Soil - Replicate Sample #1 ID _____

ISM Soil Replicate Sample #1 Location Description (relative to the original sample)

ISM Soil - Replicate Sample #2 ID _____

ISM Soil Replicate Sample #2 Location Description (relative to the original sample)

Silicone Wristbands

Wristband for PFAS Sampling – Sample ID#1 _____

Wristband for FTOH or TOF Sampling – Sample ID#2 _____ FTOH /
TOF (circle one)

List of Observations to be made by sample team:

Observations to be made in all EI homes:

- Housing Type:
 - Detached single family home _____
 - Mobile home _____
 - Apartment/Condo/Townhouse _____
 - Detached duplex home _____
 - Other: _____

- Number of floors in home: _____

- Number of bedrooms in home: _____

- General condition of the home (e.g., peeling paint): Good ___ Fair ___ Poor ___

- Material used for the kitchen counters: _____

- General age and condition of the soft furniture in the home:
 - New/pristine _____ Typical _____ Old/worn _____

- Approximate percentage of floor types in room(s) where filter dust samples are collected:

	Room 1	Room 2
Hardwood	_____ %	_____ %
Tile	_____ %	_____ %
Laminate	_____ %	_____ %
Carpet	_____ %	_____ %
Vinyl	_____ %	_____ %
Other: _____	_____ %	_____ %

- Number of total person-seats of fabric covered and/or upholstered furniture in room(s) where filter dust samples are collected:
 - Room 1 _____
 - Room 2 _____

Additional observations to be made in homes with indoor air and soil sampling:

- Estimated height of ceilings: _____ft
- Does the home have a fan coil for air conditioning (indicating central air conditioning):
Yes _____ No _____
- Does the home have air conditioning units in a window: Yes _____ No _____
- If Household Question Q13 is not answered, estimate home square footage of living space from interior or exterior measurements, if feasible.

Estimated square footage: _____ft²

- Does the home have a basement: Yes ____ No ____
If yes, is the basement used as living space: All ____ Some ____ None ____
If yes, what is the approximate percentage square footage as compared to the floor above:

- Does the home have an attic: Yes ____ No ____
If yes, is the basement used as living space: All ____ Some ____ None ____
If yes, what is the approximate percentage square footage as compared to the floor below:

- Describe type, extent, and estimated distance from participant home for trees, buildings, or other possible sheltering on each side of the home, including estimated height or number of building stories (*this information may be entered on the building sketch*):

Side 1: _____

Side 2: _____

Side 3: _____

Side 4: _____

- What siding materials are used on the exterior of the home:

Brick

Vinyl

Wood

Cement board

Stucco

Shingles

Other: _____

- What is the overall condition of the siding: Good ____ Fair ____ Poor ____

Data Collection Technician: _____

Printed Name

Signature

Outdoor Air Sampling Form

Sample Location Description _____

Sample 1: Low Flow Sample - 7 day

Outdoor **Air** - Sample ID _____

Outdoor **Air** Sample Start Date/Time _____

Outdoor **Air** Sample End Date/Time _____

Flow Rate Data _____

Outdoor Air Humidity (%) _____

Outdoor Air Temperature (°F) _____

Sample 1: Low Flow Sample - 7 day

Outdoor **Air** - Sample ID _____

Outdoor **Air** Sample Start Date/Time _____

Outdoor **Air** Sample End Date/Time _____

Flow Rate Data _____

Outdoor Air Humidity (%) _____

Outdoor Air Temperature (°F) _____

Sample 1: High Flow Sample - 7 day

Outdoor **Air** - Sample ID _____

Outdoor **Air** Sample Start Date/Time _____

Outdoor **Air** Sample End Date/Time _____

Flow Rate Data _____

Outdoor Air Humidity (%) _____

Outdoor Air Temperature (°F) _____

