

FORM II

EXPOSURE MONITORING RECORD

Employee: _

Date: __

Social Security No.:

Department: _

Building :

Supervisor:

Phone: _

Room No.:

Operation /Location:

Target Compound: _

Type of sample (circle):

Personal/TWA

Personal/STEL

Personal/Ceiling

Area/TWA

Area/STEL

Area/Ceiling

Grab Sample

Dosimeter

Calibration Date/Time: _

Flowrate:

Duration:

Volume: _

Results/Comments:

Respiratory Protection Required:

Y or N

Type: _

cc: Dept. File

Environmental Health and Safety