

INDUSTRIAL HYGIENE

AIR SAMPLING

Type of sample Dust () Solvent ()

Personal sample () - Area sample () - Area sample location:.....

Activity / process:

Department: Building: Room:

Equipment/installation:

Name of employee (in case of personal sample):.....

J&J WW ID number:..... Shift: Early / late / night / day / weekend

Calibration data of pumps (completed by Industrial Hygienist)

Type: Number:

Flow rate (before):ml/min date of calibration:/...../.....

(after): ml/min date of calibration:...../...../.....

(average): ml/min % difference:

Climate: Temperature: °C - Relative humidity:%RH

Sampling data

Start pump: H min End pump: H min

Total sample duration:min (read on pump)

Total volume:L (completed by Industrial Hygienist)

Sample number:.....

Technical/organizational/personal controls (indicate which are applicable and complete if needed)

- Technical/organizational/personal controls (indicate which are applicable and complete if needed)
Closed system (e.g. isolator)
Half closed system (e.g. inflatable seal)
Open system with local extraction
Open system and only global room ventilation
Use of extra ventilation during:
Other technical control:
Use of specific work practices:
Job rotation
Demarcation of a specific zone
Other organizational controls:
SOP 05-010-075 'Safety Procedures for Cleaning and Processing PBOEL Category 3A/3B/4 Compounds' applicable
Half mask with filters
Full facepiece with filters
PAPR with filters
Air-supplied half mask
Air-supplied full facepiece
Air supplied hood
SCBA

Remarks (special conditions) observed during sampling:

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.....
.....

Other processes in the environment (API's, solvents,...)

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...../...../.....
...../...../.....

Signature of "sampling responsible":

Date:/...../.....