Sample # _____ Agency _____ Date ____/____/____

Location _____ Incident # __-_____

Baseline (PRIOR TO ENTRY)

% of LEL _____
O_2 _____
Radiation _____
VOC _____
TOX1 _____ TOX2 _____
TOX3 _____ TOX4 _____
WMD Monitor _____
Other _____

Air Monitoring

pH _____ Corrosive Y / N
% of LEL _____
O_2 _____
Radiation _____
VOC _____
TOX1 _____ TOX2 _____
TOX3 _____ TOX4 _____
WMD Monitor _____
Other _____

Chemical/Radiation Caution/No Go Indicators		Biological Caution/No Go Indicators	
Radiation = x2 in background or >100 cpm increase in background		Radiation = x2 in background or >100 cpm increase in background	
Positive for Corrosive atmosphere		Negatice for Corrosive atmosphere	
O2 <19.5 % or >23.0 %		O2 between 19.5 % and >23.0 %	
Flammability >10% of LEL		Flammability no change in LEL	
PID / FID > 10ppm (volatility)		PID / FID < 10ppm (volatility)	
WMD Monitor = Positive detection		WMD Monitor = no detention	
Positive for toxic atmosphere		Negative for toxic atmosphere	
Positive M-256-A1		Negative M-256-A1	
Positive for pH (<2 or >13)		Neutral for pH (6-9)(neutral)	
Positive for Oxidizer test		Negative Oxidizer test	
Positive for M-8 or M-9		Negative M-8 or M-9	
Positive for M-8 or M-9		Positive for M-8 or M-9	
20/20 kit (+for pH / - for protein)		20/20 kit (-pH / +protein)	
Any of these findings indicate that the material is probably chemical or radioactive, plan the sampling mission accordingly		All of the above criteria should be met to establish a biological sampling mission	

Sample Screening Results

	Solid	Liquid	Gas
Color			

pH Color _____ Acid / Neutral / Base
% of LEL _____
O_2 _____
Radiation _____
VOC _____
TOX1 _____
TOX2 _____
TOX3 _____
TOX4 _____

M-8 Red / Yellow / Green / No Change
M-9 Red / No Change
M-256 Nerve Y / N
Blister Y / N
Lewisite Y / N

WMD Monitor _____
Other _____

Collection:

Time Collected _____ Sample Collected as suspected:Chemical / BiologicalEquipment Blank: Y / N

Sample Collected by - (#1) _____ID#_____ (#2) _____ID#_____(#3) _____ID#_____

Sample Custodian _____ Date / Time _____

Print and Sign Name

Instrument\Equip #1

Manufacturer_____ _____
Model # _____ _____
Serial # _____
Bump Test Y / N
By _____

LEL _____
Calibrated With _____
O_2 _____
Radiation _____
VOC _____

Sensor Description
TOX1 _____
TOX2 _____
TOX3 _____
TOX4 _____

WMD _____
WMD _____
WMD _____
WMD _____

Other _____

COMMENTS:

Instrument\Equip #21

Manufacturer_____ _____
Model # _____ _____
Serial # _____
Bump Test Y / N
By _____

LEL _____
Calibrated With _____
O_2 _____
Radiation _____
VOC _____

Sensor Description
TOX1 _____
TOX2 _____
TOX3 _____
TOX4 _____

WMD _____
WMD _____
WMD _____
WMD _____

Other _____

COMMENTS:

Instrument\Equip #3

Manufacturer_____ _____
Model # _____ _____
Serial # _____
Bump Test Y / N
By _____

LEL _____
Calibrated With _____
O_2 _____
Radiation _____
VOC _____

Sensor Description
TOX1 _____
TOX2 _____
TOX3 _____
TOX4 _____

WMD _____
WMD _____
WMD _____
WMD _____

Other _____

COMMENTS: