

DAILY ASBESTOS ABATEMENT TIME AND MATERIAL SHEETS

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Date: _____
 Job: _____
 Customer: _____
 Location: _____
 P.O.: _____
 Scope of Work: _____

Emp. No.	Employee Name	Pay Grade	Time (AM/PM)		Hours Worked			Personal Air Monitor Sample #	Respirator Equipment Used				
			In	Out	ST	OT			HFNP	FFNP	PAPR	SCBA	

(Travel time and "Down" time=ST), OT = over 8 hours per day and/or over 40 ST hours per week)
 Respiratory Equipment Used: HFNP= Half Face Negative Pressure, FFNP=Full Face Negative Pressure, PAPR=Powered Air Purifying Respirator, SCBA=Self-Contained Breathing Apparatus.

MATERIAL	QTY USED	MATERIAL	QTY USED	MATERIAL	QTY USED
Tyvek Coveralls		6 Mil Poly 10' X 100'		Coolwear Poly Suite	
Latex Gloves		6 Mil Poly 20' X 100"		Disp. Shower Towels	
Resp. Cart-HEPA		Encapsulent-Penetrating		Disp. Underwear	
Resp. Cart-HEPA/Org. Vapor		Encapsulent-Bridging		Fiber Drums	
6 mil Bags W/Labels		Encapsulent-CP-10		Neg. Air Filters (set)	
Glove Bags-6Mil		Surfactant		Neg Air IN/EX Duct Pipe	
Duct Tape 2"		Barrier Tape			
Filament Tape=3/4"		Air Mtr. Cassette & Analysis			

EQUIPMENT	SERIAL NUMBERS	EQUIPMENT	SERIAL NUMBERS
Decontamination Shower		HEPA Vacuum wer/dry	
Ambient Air Breathing Pump		Flatbed() Pick Up () Box Truck ()	
Negative Air Machine		Other Equipment (ie. Scaffolding, manlift	
Area Air Monitor			
Personal Air Monitor			

Time sheets and Air Monitor Reports must be completed, signed and submitted daily.

Customer: _____ Supervisor: _____