



State of Oregon
Department of
Environmental
Quality

ASN 5

AIR CLEARANCE SAMPLE RESULTS

As Required by OAR 340-248-0270

FOR DEQ USE ONLY

Date Received: _____

Project Number: _____

Project name and address: (As listed on notification form ASN 1)

Name of person or company that performed the abatement:

Name of monitoring company:

Date monitoring was performed:

Describe containment(s) in spaces below:

List clearance results (in fibers/cc) in spaces below: *This space may not be left blank!*

1.

1.

2.

2.

3.

3.

ATTACH LAB REPORT (For each clearance sample, show: Air volume collected, include sample duration and flow rate; number of fields and fibers counted; and BLANK fiber count). For clearance samples, both PCM and TEM are accepted methods of analysis.

Submitted by: _____ Phone number: _____
(NAME AND COMPANY OR TITLE -PLEASE PRINT)

Questions? Call DEQ at 1-800-452-4011 for the location and phone of your local Asbestos coordinator.

Mail, email or fax to the appropriate DEQ regional office. Fax numbers: Portland 503-229-6957, Bend 541-388-8283, Medford 541-776-6262, Salem 503-378-4196, Coos Bay 541-269-7984, Pendleton 541-278-0168