Use Indelible Pencil or Ink PRESHIFT - CERTIFIED EXAMINER’S REPORT Report Shall Be Signed When Finished

Date of Examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time from: \_\_\_\_\_\_\_\_\_\_\_ AM/PM To: \_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM

Section/Area Reported Outside? Yes \_\_\_\_\_ No \_\_\_\_ Time: \_\_\_\_\_\_\_\_ AM/PM

Reported By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INITIAL) (AUTHORIZED PERSON)

 **Preshift required within 3 hours prior to any 8-hour interval.**

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| Location | Hazardous condition | Action taken |
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 Air Measurements

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| Location | CFM |  |  |
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Signed by Preshift Certified Examiner Date Certification Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 THIS RECORD TO BE MAINTAINED FOR ONE (1) YEAR