

Month of _____

**15.OPS.15 ATTACHMENT 3
MONTHLY AIR FILTER COUNTING FORM**

This form will be used to document ambient air filter counting on a monthly basis or otherwise as directed by the RSO. Inspectors are required to date and sign their names on the Inspection Form that they complete. Deficiencies noted during inspections will be noted on the form. If the deficiency can be corrected in the same day the correction will be noted on the form. If the deficiency cannot be corrected within the same day then a corrective action shall be initiated by the Inspector. A dedicated logbook may be substituted for this form provided that approval is granted by the CHDT RSO and all required information below is included.

1) Location A – North Background Air Sampler

Filter Collection Date: _____ Time: _____

Filter Count Date: _____ Time: _____

Decay Period of 21 Days? Yes No

Counter Used: _____ Calibration Due Date: _____

Using a count time of **5 minutes**: Alpha: _____ dpm Beta _____ dpm

Sent to Lab? Yes No Date Shipped: _____ Date Analytical Received: _____

Comments: _____

2) Location B - South Background Air Sampler

Filter Collection Date: _____ Time: _____

Filter Count Date: _____ Time: _____

Decay Period of 21 Days? Yes No

Counter Used: _____ Calibration Due Date: _____

Using a count time of **5 minutes**: Alpha: _____ dpm Beta _____ dpm

Sent to Lab? Yes No Date Shipped: _____ Date Analytical Received: _____

Comments: _____

If any of the above items are checked "No" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature:

Date of Inspection:

Location C – Central West Air Sampler

Filter Collection Date: _____ Time: _____

Filter Count Date: _____ Time: _____

Decay Period of 21 Days? Yes No

Counter Used: _____ Calibration Due Date: _____

Using a count time of **5 minutes**: Alpha: _____ dpm Beta _____ dpm

Sent to Lab? Yes No Date Shipped: _____ Date Analytical Received: _____

Comments: _____

3) Location D – Central East Air Sampler

Filter Collection Date: _____ Time: _____

Filter Count Date: _____ Time: _____

Decay Period of 21 Days? Yes No

Counter Used: _____ Calibration Due Date: _____

Using a count time of **5 minutes**: Alpha: _____ dpm Beta _____ dpm

Sent to Lab? Yes No Date Shipped: _____ Date Analytical Received: _____

Comments: _____

4) Location E – Treatment Building Air Sampler

Filter Collection Date: _____ Time: _____

Filter Count Date: _____ Time: _____

Decay Period of 21 Days? Yes No

Counter Used: _____ Calibration Due Date: _____

Using a count time of **5 minutes**: Alpha: _____ dpm Beta _____ dpm

Sent to Lab? Yes No Date Shipped: _____ Date Analytical Received: _____

Comments: _____

5) Field Blank

Counter Used: _____ Calibration Due Date: _____

Using a count time of **5 minutes**: Alpha: _____ dpm Beta _____ dpm

Sent to Lab? Yes No Date Shipped: _____ Date Analytical Received: _____

Comments: _____

6) Lab Duplicate

Counter Used: _____ Calibration Due Date: _____

Using a count time of **5 minutes**: Alpha: _____ dpm Beta _____ dpm

Sent to Lab? Yes No Date Shipped: _____ Date Analytical Received: _____

Comments: _____
