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.

Location	Hazardous condition	Action taken

Air Measurements

Location	CFM		

Signed by Preshift Certified Examiner Date Certification Number

_____ _____

THIS RECORD TO BE MAINTAINED FOR ONE (1) YEAR