# Additional Sampling Results Form

## Air Monitoring Equipment Data

| Manufacturer | Model # (Instrument Used) | Instrument # | Calibration Due Date | Field Calibration By Initials | ID# |
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## Atmospheric Testing Data

| Date | Time | Location of Reading | %Oxygen (19.5% To 23.5%) | %LEL (Below 10%) | Carbon Monoxide (Below 25 ppm) | Hydrogen Sulfide (Below 5 ppm) | Other Toxic (If Applies) | Notes (i.e. Pre-entry reading, During entry, etc.) | Atmosphere Tested By Initials | ID# |
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**NOTE: Testing results shall be recorded at a minimum of at least once per hour.**

**Attach this form to back of permit.**