

# This form is required by SCI

It must be completed and returned with the badge(s) & Assay Technology forms or the test will be considered invalid and you will not receive a lab report. All items should go back to Assay Technology.

Copy this form and complete the form for each 8 hour test(s).

## FORMALDEHYDE MONITORING RECORD **8-HOUR**

**Note: All information must be complete or this test will be rendered invalid.**

Date: \_\_\_\_\_

Location Name: \_\_\_\_\_ Location No. \_\_\_\_\_

Enter time this shift started and stopped:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Night: \_\_\_\_\_

How many embalmers worked this shift? \_\_\_\_\_

Provide the number of each type of embalming that took place during this shift:

Non-Autopsied Cases: \_\_\_\_\_ Autopsied Cases: \_\_\_\_\_

Other: \_\_\_\_\_

If Other, specify: \_\_\_\_\_

Was the exhaust ventilation on during this shift? Circle - **YES** or **NO**

Last name and first initial of embalmer: \_\_\_\_\_

Equipment worn by embalmer during this shift (check all appropriate spaces):

\_\_\_ Goggles \_\_\_ Gown \_\_\_ Face Mask \_\_\_ Gloves \_\_\_ Face Shield \_\_\_ Respirator  
\_\_\_ Head Cover \_\_\_ Shoe Cover \_\_\_ Other (specify): \_\_\_\_\_

Is this a RETEST for a formerly reported high result? Circle - **YES** or **NO**

If Yes, what was the date your previous sample was collected: \_\_\_\_\_

### Eight-Hour (TWA) Sample:

Method of Sampling: \_\_\_\_\_ Monitor No. \_\_\_\_\_  
(Name of Monitor Used)

Number of cases embalmed by this embalmer on this shift: \_\_\_\_\_

Number that were autopsy cases on this shift: \_\_\_\_\_

Time badge on: \_\_\_\_\_ Time badge off: \_\_\_\_\_ Total elapsed time: \_\_\_\_\_