|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Unique Identifier*** | Permit No: | Device Manufacturer: | Device Serial No.: | | Calibration Date: |
| Use this log whenever atmospheric monitoring is required.  Initial atmospheric reading must be documented on the Certificate, and subsequent readings on this Log, at the frequency determined by the conditions of the Permit/Certificate (or as a minimum, hourly). | | | | **Re-Test Frequency:** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gas Test Log | | | | | | | | | | | | | | | |
| **All fields to be completed in ink** | | | | | **Check the box for each test required** | | | | | | | | | | |
| **I n i t i a l s** | **Permit Still Valid?**  **Y / N** | **Tested**  **Date/Time** | **Monitor Serial No.**  **(If device replaced)** | **Calib. Date**  **(If device replaced)** | | Oxygen  (Vol %) | LEL  (% LEL) | Temp.  (designate F or C) | H2S | VOCs | Other  \_\_\_\_\_\_ | Other  \_\_\_\_\_\_ | Other  \_\_\_\_\_\_ | Other  \_\_\_\_\_\_ | Comments |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gas Test Log – Continuation Sheet | | | | | | | | | | | | | | | |
| **All fields to be completed in ink** | | | | | **Check the box for each test required** | | | | | | | | | | |
| **I n i t i a l s** | **Permit Still Valid?**  **Y/ N** | **Tested**  **Date/Time** | **Monitor Serial No.**  **(If device replaced)** | **Calib. Date**  **(If device replaced)** | | Oxygen  (Vol %) | LEL  (% LEL) | Temp.  (designate F or C) | H2S | VOCs | Other  \_\_\_\_\_\_ | Other  \_\_\_\_\_\_ | Other  \_\_\_\_\_\_ | Other  \_\_\_\_\_\_ | Comments |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | / |  |  | |  |  |  |  |  |  |  |  |  |  |