**Air Monitoring Results**

**(use to record information about sensory irritation and monitoring with direct read detection devices)**

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| --- | --- | --- | --- | --- | --- |
| **Date/Time**  **(select the applicable scenario)** | **Handler Name** | **Handler Task/Activity** | **Handler Location (where irritation is observed or where sample is taken)** | **Air Concentration Measurements**  **(for sample results)** | **Resulting Action/Comments** |
| sensory irritation:  sample with direct read detection device: |  |  |  |  | Cease operations  Respiratory protection  Implement emergency response plan  Comments/Other: |
| sensory irritation:  sample with direct read detection device: |  |  |  |  | Cease operations  Respiratory protection  Implement emergency response plan  Comments/Other: |
| sensory irritation:  sample with direct read detection device: |  |  |  |  | Cease operations  Respiratory protection  Implement emergency response plan  Comments/Other: |
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| **Additional Comments:** | | | | | |