PathCon® Laboratories

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Norcross, GA 30092

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PathCon Number:_____ Date:_____ Sampler Air Flow Rate:_____

Investigator:_____ Tel._____

Company/Agency:_____ Fax._____

Address for Report:_____

City_____State_____Zip_____ Purchase or Reference No._____

Address for Invoice: _____

City _____ State _____ Zip _____

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This protocol is suggested to assist the on-site investigator in developing an overall sampling strategy. PathCon Laboratories does not assume responsibility for selection of the appropriate sampling protocol or interpretation of the findings. These decisions must be made by the on-site investigator. Sampling should be done by a trained environmental health professional with experience in sampling for microorganisms; therefore, this protocol should not be considered a complete sampling guide.

INSTRUCTIONS FOR USING **ANDERSEN** SAMPLER AND RECORDING DATA

1) At the job location, record the Site number and the Site description on the Sample Record Sheet (back of this page).

2) Before sampling at each sampling site, clean the top inlet and sieve plate by unscrewing them and wiping them both inside and outside with an alcohol sponge. Reassemble and run the sampler for 20 seconds to dry the alcohol; then load media for sampling. Be careful to use aseptic technique. Do not touch agar surface with fingers.

3) Air should be collected at each sampling site as follows:

Plate	Medium	Sample Time (seconds)
#1	RBA	60
#2	RBA	120

4) Reseal plates with parafilm strips after exposure in the sampler. Put plates back into plastic bags in which they were originally packed. **Pack plates with the exposed agar side up to prevent agar from falling out during shipment. DO NOT SHIP PLATES UPSIDE DOWN. <u>It is essential that plates be shipped to the laboratory by overnight courier for morning delivery.</u>** It is necessary that the plates arrive at the laboratory and be incubated at appropriate temperatures before visible growth develops on them. For this reason, a return Federal Express Airbill is provided.

5) Enclose a copy of the Sample Record Sheet(s) with the exposed sample plates being returned to the laboratory.

PathCon Laboratories - Project Number _____

Sample Identification Record **Health Complaint Location:**

Site # _____ Description: _____ **Yes _ No _**

Comments: _____

Site # _____ Description: _____ **Yes _ No _**

Comments: _____

Site # _____ Description: _____ **Yes _ No _**

Comments: _____

Site # _____ Description: _____ **Yes _ No _**

Comments: _____

Site # _____ Description: _____ **Yes _ No _**

Comments: _____

Site # _____ Description: _____ **Yes _ No _**

Comments: _____

Site # _____ Description: _____ **Yes _ No _**

Comments: _____

Site # _____ Description: _____ **Yes _ No _**

Comments: _____

Site # _____ Description: _____ **Yes _ No _**

Comments: _____

Site # _____ Description: _____ **Yes _ No _**

Comments: _____

For client signature:
Released by: _____

Date: _____ Time: _____

For PathCon signature:
Received by: _____

Date: _____ Time: _____