



ASN-5

AIR CLEARANCE SAMPLE RESULTS

As Required by LRAPA [Title 43](#)

FOR LRAPA USE ONLY

Date Received: _____

Project Number: _____

Project name and address: (As listed on notification form)

Name of person or company that performed the abatement:

Name of monitoring company:

Date monitoring was performed:

Describe containment(s) in spaces below:

List clearance results (in fibers/cc) in spaces below: *This space may not be left blank!*

1.

1.

2.

2.

3.

3.

ATTACH LAB REPORT (For each clearance sample, show: Air volume collected, include sample duration and flow rate; number of fields and fibers counted; and BLANK fiber count). For clearance samples, both PCM and TEM are accepted methods of analysis.

Submitted by: _____ Phone number: _____
(NAME AND COMPANY OR TITLE -PLEASE PRINT)

www.lrapa-or.gov

Questions? Call LRAPA at 1-877-285-7272. Mail, email or fax:

Lane Regional Air Protection Agency (LRAPA) office. Fax number: 541-726-1205 - Email: asbestos@lrapa-or.gov

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