

esLife Service Life Estimation Program

Name: IMIA, LLC  
 EIN:  
 Department: Paint, SW Duraplate UHS  
 Occupational Category: USS Cheyenne  
 Exposure Group: 5A MBT  
 Task Description: Brush

## Estimated Cartridge Service Life:

Cartridge	Description	Minutes	Hours	8-Hr. Shifts
75SC	75SCP100	1561.68	26.028	3.254
N7500-1	7581P100	785.31	13.089	1.636
N7500-3	7583P100	856.13	14.269	1.784

## Input Parameters for Exposure Conditions:

Contaminant [CAS #]: METHYL ETHYL KETONE [78-93-3]  
 8-hr TWA: 200 ppm  
 STEL: ppm  
 Ceiling: ppm  
 IDLH: 3000 ppm  
 User Specified OEL: ppm  
 Worksite Concentration: 0.95 ppm

Breathing Rate: Heavy - strenuous work on periodic basis (70 lpm)  
 Temperature: 80 °F  
 Humidity: Less than 65%  
 Breakthrough: Results calculated at 10% breakthrough  
 Safety Factor: Final results times 0.8

Disclaimer of Warranty

The algorithm and database included in this program incorporate the best information currently available to North Safety Products, and are derived from published sources generally believed to be reliable. North makes no warranty or

representation as to the accuracy, completeness or reliability of either the source material or the information resulting from the use of this program, and disclaims the implied warranties of merchantability and fitness for particular purpose, and all other warranties, express or implied.

The user assumes all risks, if any, arising out of the use of this program, and North assumes no liability for any direct, indirect, incidental or consequential damages arising out of the use or inability to use the program.

North reserves the right to change design, construction or formulation of its chemical cartridges or any of their components without notice to cartridge users of the effect of any such changes on service life or any cartridge change schedule derived from the use of this program.

North Safety Products  
2000 Plainfield Pike  
Cranston, RI 02921 USA  
Customer Service 1-800-430-4110  
[www.northsafety.com](http://www.northsafety.com)

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August 22, 2008

Bill Bozeman  
IMIA  
98-145 Lipoa Pl  
Aiea, HI 96701-

Bureau Veritas Work Order No. 08080657

Reference: 70212

Dear Bill Bozeman:

Bureau Veritas North America, Inc. received 1 sample on 8/15/2008 for the analyses presented in the following report.

Enclosed is a copy of the Chain-of-Custody record, acknowledging receipt of these samples. Please note that any unused portion of the samples will be discarded 30 days after the date of this report, unless you have requested otherwise.

This material is confidential and is intended solely for the person to whom it is addressed. If this is received in error, please contact the number provided below.

We appreciate the opportunity to assist you. If you have any questions concerning this report, please contact a Client Services Representative at (800) 806-5887.

Sincerely,

Laura McMahon  
Supervisor, Client Services

cc: Bob Doran

## **CASE NARRATIVE**

**Date: 22-Aug-08**

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**Client:** IMIA

**Project:** 70212

**Work Order No** 08080657

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Unless otherwise noted below, all quality control results associated with this sample set were within acceptable limits and/or do not adversely affect the reported results.

The industrial hygiene results have not been blank corrected. Please note that a field blank was not identified by the client for this sample set.

# ANALYTICAL RESULTS

Date: 22-Aug-08

Client: IMIA

Project: 70212

Work Order No: 08080657

Sample Identification: CX9559 #1

Date Sampled: 8/11/2008

Sample Type: 3M 3500 PM

Date Received: 8/15/2008

Lab Number: 001A

Sampling Time (min): 480

Analyst: CMI

Analyte	Sampling Rate (cc/min)	Analytical Results			Reporting Limit ( $\mu$ g)	Date Analyzed	Method Reference
		( $\mu$ g)	(mg/m <sup>3</sup> )	(ppm)			
Methyl Ethyl Ketone	36.3	49	2.8	0.95	3	8/18/2008	OSHA 7

General Notes:

<: Less than the indicated reporting limit (RL).

--: Information not available or not applicable.

Back sections (if applicable) were checked and showed no significant breakthrough unless otherwise noted.



Bureau Veritas North America, Inc.

**BUREAU  
VERITAS**

### REQUEST FOR LABORATORY ANALYTICAL SERVICES

**IMPORTANT**

Date Results Requested: 8-12-08

Rush Charges Authorized?  Yes  No

Fax or  E-mail Results

E-mail address: bdoran@IMIA LLC.com

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*9 Date sent by AM (me) by AM*

**For Bureau Veritas Use Only**

Bureau Veritas Lab Project No.

08080657

<b>REPORT RESULTS TO</b>	Name <u>Bill Bozeman</u>	Client Job No. <u>70212</u>		Purchase Order No. <u>IM014288</u>
	Company <u>IMIA, LLC c/o Harbor Shore Apts</u>	Dept. <u>Safety</u>		Name <u>Bob Doran</u>
	Mailing Address <u>98-145 Lipoa Pl</u>			Company <u>IMIA LLC</u>
	City, State, Zip <u>AEFA, HI 96701</u>			Address <u>7719 Springfield, NRIve</u>
	Telephone No. <u>757 544 5188</u>	FAX No. <u>866-393-5964</u>		City, State, Zip <u>ETA Harbor, WA 98329</u>
	Special instructions and/or specific regulatory requirements: (method, limit of detection, etc.) <u>Check for M.E.K. (METHYL ETHYL KETONE)</u> <u>PERSONAL SAMPLE - # 5A - MBT</u> <u>USS Cheyenne Temp. 77.9°F - Humidity. 44.4%</u>			Soils: Which state are these from? _____
			Waters: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Groundwater <input type="checkbox"/> Wastewater	Number of Containers <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>ANALYSIS REQUESTED</b>          (Enter an 'X' in the box below to indicate request. Enter a 'P' if Preservative added.)  <div style="text-align: center; font-size: 2em; font-weight: bold;">MEK</div> </div>
<b>* Explanation of Preservative</b>				

CLIENT SAMPLE IDENTIFICATION	DATE SAMPLED	TIME SAMPLED	MATRIX/MEDIA	AIR VOLUME (specify units)		
<u>3M-3500 Cx9559 #01</u>	<u>8-11-08</u>	<u>8 hrs</u>			X	FOR LAB USE ONLY

<b>CHAIN OF CUSTODY</b>	Collected by: <u>Bill Bozeman</u>	Date/Time: <u>8-11-08 (print)</u>	Collector's Signature: <u>Bill Bozeman</u>
	Relinquished by: _____	Date/Time: _____	Received by: _____
	Relinquished by: _____	Date/Time: _____	Received by: _____
	Method of Shipment: _____		Received at Lab by: _____
Authorized by: <u>Bill Bozeman</u>	Date: <u>8-11-08</u>		Sample Condition Upon Receipt: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Other (explain)
	(Client Signature MUST Accompany Request)		<u>9/15/08 1001 am</u>

Please return completed form and samples to one of the Bureau Veritas North America, Inc. labs listed below:

**Detroit Lab**  
22345 Roethel Drive  
Novi, MI 48375  
(800) 806-5887  
(248) 344-1770  
FAX (248) 344-2655

**Atlanta Lab**  
3380 Chastain Meadows Parkway, Suite 300  
Kennesaw, GA 30144  
(800) 252-9919  
(770) 499-7500  
FAX (770) 499-7511

**DISTRIBUTION:**

White = Bureau Veritas Laboratory  
Yellow = Bureau Veritas Accounting  
Pink = Client Copy