PLAINTIFF'S EXHIBIT

UC-1822

VENTILATION

INSPECTION AND AUDIT

BUILDING LABORATORY - 422 DATE 4Q 1981

INSPECTED BY Mario Gutierrez

TYPE OF EQUIPMENT LAB HOODS #

	YES	NO	SEE COMMENT
A. EQUIPMENT OPERATION AND MAINTENANCE			
1. On-Off Switch working.	✓		
2. Vibration level low.	✓		
3. Noise level low (< 85 dB(A)).	✓		
4. Doors slide easily.	✓		
5. Baffles properly placed.	✓		
6. Has recommended air flows.	✓		
7. Utility outlets working.	✓		
8. Light(s) working.	✓		
9. Easy to move (snorkels only).	NA		
B. EQUIPMENT LOCATION			
1. Well lighted area.	✓		
2. Adjacent to or over work area.	✓		
3. Sink available (if needed).	✓		
C. HOUSEKEEPING			
1. Cleaned regularly.	✓		
2. Sink free of debris.	✓		
3. Bottles and other clutter kept to a minimum.	✓		
4. Drainage is toward sink.	✓		

BRE 0198

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VENTILATION
INSPECTION AND AUDIT

	YES	NO	SEE COMMENT
D. GENERAL			
1. Are users satisfied?	✓		
2. Is it used as intended?	✓		
3. Do users know how to operate?	✓		
4. Is energy conservation being observed?	✓		

E. COMMENTS:

BRE 0199

Copies to:
1. Operating Dept. Head
2. B. F. Brown
3. K. G. Townsend
4. J. L. Wyatt

SHARE AUDIT PROCEDURE

Dept. REACTION

Date 4Q 1981

Deficiency Exists YES (NO)

Name of Procedure VENTILATION, SANITATION, BREATHING AIR

Where is written reference found? O.H. MANUAL

Number of Personnel Interviewed: 6

	YES	NO
a. Aware of procedure?	✓	
b. Understand procedure?	✓	
c. Follow procedure?	✓	

d. If no, why not? Describe.

e. Remember having received training in last one, two or three years? (Circle one) NA

Up to date procedure in appropriate manual? (YES) NO

Any relation to A/I reports on procedure in last 6 months? (If appropriate) YES (NO)

Should existing procedure be modified? YES (NO)
If YES, explain.

Should retraining and another audit be conducted? (YES) NO

If yes, when? 2Q 1982

BRE 0200

VENTILATION

INSPECTION AND AUDIT

BUILDING 731-821 REACTION DATE 4Q 1981

INSPECTED BY Mario Gutierrez

TYPE OF EQUIPMENT LAB HOODS #

	YES	NO	SEE COMMENT
A. EQUIPMENT OPERATION AND MAINTENANCE			
1. On-Off Switch working.	✓		
2. Vibration level low.	✓		
3. Noise level low ($<$ 85 dB(A)).	✓		
4. Doors slide easily.	✓		
5. Baffles properly placed.	✓		
6. Has recommended air flows.	✓		
7. Utility outlets working.	✓		
8. Light(s) working.	✓		
9. Easy to move (snorkels only).	NA		
B. EQUIPMENT LOCATION			
1. Well lighted area.	✓		
2. Adjacent to or over work area.	✓		
3. Sink available (if needed).	✓		
C. HOUSEKEEPING			
1. Cleaned regularly.	✓		
2. Sink free of debris.	✓		
3. Bottles and other clutter kept to a minimum.	✓		
4. Drainage is toward sink.	✓		

BRE 0201

VENTILATION
INSPECTION AND AUDIT

	YES	NO	SEE COMMENT
D. GENERAL			
1. Are users satisfied?	✓		
2. Is it used as intended?	✓		
3. Do users know how to operate?	✓		
4. Is energy conservation being observed?	✓		

E. COMMENTS:

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