



Compressed Air Form

s. 381.895, F.S.
Chapter 64E-20, F.A.C.

Please complete all sections:

Name of Company: _____

Street Address: _____ FL, City: _____

Zip: _____ County: _____ Telephone: (____) _____

Fax: (____) _____ E-Mail: _____

Owner's Name: _____

Mailing Address: _____ City: _____ State ___ Zip: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail: _____

Current Air Quality Testing Company Used: _____

Address: _____ City: _____ State ___ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Please Indicate Your Current Quarterly Testing Schedule:

- Jan/Apr/Jul/Oct
- Feb/May/Aug/Nov
- Mar/Jun/Sep/Dec

If testing is not currently being performed, your quarterly schedule will begin with the month following submission of this form.

Shops not open year round only need to submit results for the quarters they are open.

Is Shop Open Year Round? Yes _____ No _____ If no, indicate below the months it is open:

Jan ___ Feb ___ Mar ___ Apr ___ May ___ June ___ July ___ Aug ___ Sept ___ Oct ___ Nov ___ Dec ___

This form is for your convenience in reporting information required in s. 381.895., F.S. Completed form and all sample results should be sent to: Bureau of Environmental Health, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida, 32399-7017 or emailed to: results.compAir@flhealth.gov. For your convenience, this form is also available to you online at: www.FloridaHealth.gov under Environmental Health -Recreational Diving.