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.

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