

**Navy and Marine Corps Public Health Center**  
**Industrial Hygiene Heat Stress Ashore Survey Form NMCPHC**  
**Form - 5100/19 Explanations and Definitions**  
**(Version 09/2014)**

Industrial Hygiene Heat Stress Ashore Survey Form NMCPHC Form - 5100/19 - This form is used to record information collected while performing heat stress surveys ashore.

Form fields marked in this Explanations and Definitions as “Required” are fields that are thought to be important information. Some of the “Required” fields have conditions listed. If those conditions are not applicable, those fields are either not applicable or optional. Form fields marked in this Explanations and Definitions as “Optional” are fields that provide useful but extra information or are only used by some industrial hygiene groups. On the actual survey form, the “Optional” fields are shaded.

<b>FIELD NAME</b>	<b>DEFINITION</b>
Sample Date <b>(Required)</b>	The date the sample is collected.
IH UIC <b>(Required)</b>	The Unit Identification Code (UIC) of the command providing industrial hygiene support to the sampled command.
Activity <b>(Required)</b>	The name of the sampled command receiving industrial hygiene support.
UIC <b>(Required)</b>	The UIC of the sampled command receiving industrial hygiene support.
Field Office <b>(Optional)</b>	A city or other descriptive identifier of the location of the activity being sampled. This is useful in situations where the command has multiple field locations, and the activity name, UIC and building/location do not provide sufficient detail to discern between different field offices of the command.
Bldg. # <b>(Required)</b>	The building number of the shore command where the individual or shop being sampled is located.
Shop Location <b>(Required)</b>	The room number of the shop where the individual or shop being sampled is located.
Shop Code/Name <b>(Required)</b>	The number and/or name of the shop for the individual or shop being sampled.
Personal or Area <b>(Required)</b>	Record whether this is a personal or general area sample. Circle “Personal” or “Area”.
Worksite <b>(Optional)</b>	A description of the location inside the room where the sample is actually collected.
Related Shop SOP <b>(Optional)</b>	A number or name of any standards of practice (SOP) used during the sampled operation. This field is currently used by only a few IH field activities.

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FIELD NAME	DEFINITION
Employee Name (Last, First, MI) <b>(Required for personal samples)</b>	The complete name of the individual being sampled.
SEG <b>(Required for personal samples)</b>	Similar Exposure Group (SEG) identification: A number or name of a similarly exposed group as that of the individual being sampled and for the sampled operation. A SEG is defined by the industrial hygienist.
Gender <b>(Required for personal samples)</b>	Record whether the individual being sampled is male or female. Circle “M” for male or “F” for female.
DoD EDI PI <b>(Required for personal samples)</b>	The Electronic Data Interchange Person Identifier (EDI PN) from the common access card (CAC), as a unique personal identifier of the individual being sampled.
Job Title <b>(Required for personal samples)</b>	The job title of the individual being sampled.
Mil/Civ/FN <b>(Required for personal samples)</b>	Record whether individual being sampled is military, civilian or a foreign national. Circle “M” for military, “C” for civilian or “FN” for foreign national.
TAD <b>(Required for personal samples)</b>	Record whether the individual being sampled is at the activity on temporarily assigned duty (TAD). This gives you information so that sampling information, SF600s or other notifications can be sent to the proper (parent) activity.
Parent Activity <b>(Required for personal samples, if TAD is yes)</b>	When an individual being sampled is at an activity on TAD, the parent activity is the name of the command to which an individual normally belongs. This gives you information so that sampling information, SF600s or other notifications can be sent to the proper (parent) activity.
Parent UIC <b>(Required for personal samples, if TAD is yes)</b>	When an individual being sampled is at an activity on TAD, the parent UIC is the UIC of the command to which an individual normally belongs. This gives you information so that sampling information, SF600s or other notifications can be sent to the proper (parent) activity.
OPCODE <b>(Optional)</b>	The Navy operation code, which most closely matches the operation being sampled. The list of Navy operation codes and their suggested mappings to the new Defense Occupational Environmental Health Readiness System (DOEHRS-IH) process methods can be found in the Industrial Hygiene Field Operations Manual, Appendix 3-A.
Operation <b>(Required)</b>	The process name defined by the industrial hygienist, and the DOEHRS-IH process method (chosen from the DOEHRS-IH process picklists).
Task <b>(Optional)</b>	A short descriptive identifier that further defines the sampled operation, providing more detail.

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FIELD NAME	DEFINITION
PPE Description <b>(Required for personal samples, if PPE is used)</b>	A description of any personal protective equipment (PPE) used, if any, by the individual being sampled, during the sampled operation, as defined by the industrial hygienist, and the DOEHRS-IH control class and control name (chosen from the DOEHRS-IH control picklists). If no personal protective equipment is used, state "None".
PPE Adequate <b>(Required for personal samples, if PPE is used)</b>	Record whether the PPE used, if any, by the individual being sampled, during the sampled operation, is adequate. Circle "Yes", "No" or "Unknown".
Work Intensity <b>(Required)</b>	Record the work intensity during sampling, by marking the appropriate box on the form: "Heavy", "Moderate" or "Light".
Exposure Origin <b>(Required by some computer applications for some sample types)</b>	Record whether the exposure is from ambient conditions or the operator's work. Circle "Ambient" or "Operator".
Shift <b>(Required)</b>	The shift that the individual or shop being sampled is working. Mark the appropriate number code box on the form. 1 = Day 2 = Evening 3 = Night
Frequency of Operation <b>(Required)</b>	The frequency of the sampled operation. Mark the appropriate number code box on the form. 1 = Daily 2 = 2-3 Times/Week 3 = Weekly 4 = 2-3 Times/ Month 5 = Monthly 6 = 2-3 Times/Year 7 = Yearly 8 = Special Occasions
Duration of Operation <b>(Required)</b>	The duration of the sampled operation. Mark the appropriate number code box on the form. This is the usual or normal time it takes to perform the operation. 1 = 0 - 15 minutes 2 = 15 - 30 minutes 3 = 30 - 60 minutes 4 = 1 - 2 hours 5 = 2 - 4 hours 6 = 4 - 6 hours 7 = 6 - 8 hours 8 = >8 hours
Sample # <b>(Optional, if samples are not tracked)</b>	The unique number used by the IH group to identify and track the sample.

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FIELD NAME	DEFINITION
Dry Bulb <b>(Required)</b>	The dry bulb temperature, in degrees Fahrenheit or degrees Celsius. This is the temperature measured using a standard alcohol in glass or mercury in glass thermometer with the bulb dry and shielded from radiant heat or as determined by an authorized heat stress meter.
Wet Bulb <b>(Required)</b>	The wet bulb temperature, in degrees Fahrenheit or degrees Celsius. This is the temperature measured using a standard alcohol in glass or mercury in glass thermometer with a wet wick over the bulb and shielded from radiant heat and air moving over the wet wick by a fan, motorized psychrometer or sling psychrometer or as determined by an authorized heat stress meter.
Globe <b>(Required)</b>	The globe temperature, in degrees Fahrenheit or degrees Celsius, measured using a globe thermometer or as determined by an authorized heat stress meter. The globe temperature integrates radiant heat exchange and convective heating or cooling into a single value.
WBGT <b>(Required)</b>	The Wet Bulb Globe Temperature Index takes into account air temperature, humidity, radiant heat and air movement
R/H % <b>(Required)</b>	The relative humidity, in percent, is the amount of moisture in the air compared with the amount that the air could contain at saturation at the same temperature.
Measurements Obtained <b>(Required)</b>	Record whether the measurements are taken indoors or outdoors, by circling "Indoors" or "Outdoors".
Radiant Load <b>(Required)</b>	Record whether radiant heat is present when the measurement is taken by circling "Yes" or "No".
Time <b>(Required)</b>	The time that the measurement is taken.
Control Methods: Water Available <b>(Required)</b>	Record whether water is available, by marking the appropriate box on the form: "Yes" or "No".
Control Methods: Work/Rest Cycle <b>(Required)</b>	A description of the work/rest cycle used, if any. If no work/rest cycle is used, state "None".
Control Methods: Other <b>(Optional)</b>	A description of any other control methods used during the survey.
Instrument (Mfg, Model, Serial #, Name) <b>(Required)</b>	The manufacturer, model and serial number of the sampling instrument and the DOEHRS-IH equipment name, as defined by the industrial hygienist.
Last Mfg. Cal Date <b>(Required)</b>	The date the sampling instrument was last calibrated by the manufacturer or calibration laboratory.
Next Mfg. Cal Date <b>(Required)</b>	The date the sampling instrument is next due to be calibrated by the manufacturer or calibration laboratory.
Shift Length <b>(Required)</b>	The length of the shift that the individual or shop being sampled works.

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<b>FIELD NAME</b>	<b>DEFINITION</b>
Actual Length of Sampled Work <b>(Required)</b>	The actual amount of time the operation being sampled is performed on the sample date. This may or may not correspond to the sample duration.
Time Course of Events/Comments <b>(Required)</b>	A <u>detailed</u> chronological description of the operation being sampled and any other comments or observations about the sample period. Anyone reading this time course of events should be able to develop a mental image of what occurred during the operation.
Sampler <b>(Required)</b>	The printed name and signature of the industrial hygienist, industrial hygiene technician or workplace monitor performing the sampling.
Date Completed <b>(Required)</b>	The date the form is signed by the industrial hygiene technician, workplace monitor or industrial hygienist performing the sampling.
Reviewing IH <b>(Required)</b>	The printed name and signature of the industrial hygienist reviewing the sample form.
Date Reviewed <b>(Required)</b>	The date the form is signed by the industrial hygienist reviewing the sample form.
Data Entered By <b>(Optional)</b>	The printed name and signature of the person entering the sampling form information into the sample database. This only applies if the IH group utilizes a sample database.
Date Entered <b>(Optional)</b>	The date the sampling form information is entered into the sample database. This only applies if the IH group utilizes a sample database.
Privacy Act Statement <b>(Required)</b>	To be read by the individual(s) being sampled.