

Laboratory:			IH POC:				IH Group:				
Laboratory Report:			IH Phone Comm:				IH eMail:				
IH UIC: _____ Activity: _____ UIC: _____ Field Office: _____											
Bldg./Hull #: _____ Shop Location: _____ Shop Code/Name: _____											
Shift:	1) Day	Frequency of Operation	1) Daily	2) 2-3/wk	3) Weekly	4) 2-3/mo	Duration of Operation	1) 0-15 min	2) 15-30 min	3) 30-60 min	4) 1-2 hr
2) Eve.	3) Night		5) Monthly	6) 2-3/yr	7) Yearly	8) Special		5) 2-4 hr	6) 4-6 hr	7) 6-8 hr	8) > 8 hr
12345											
Sample Type (select one)											
Employee Name											
DoD EDI PI											
Job Title											
Mil/Civ/FN (select one)											
TAD (select one)											
Parent Activity											
Parent UIC											
SF 600 Sent To											
Distance from Source (feet)											
Boundary (select one)											
Worksite											
Purpose (select one)											
Inspirability (select one)											
Operation/Task											
Exposure Origin (select one)	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>				
Sample Position (personal samples)											
Materials/Products Used											
Ventilation Description (if present)											
Ventilation Used (select one)	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
Ventilation Meets Specs (select one)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Respirator Description/ Respirator # (if used)	TC -		TC -		TC -		TC -		TC -		
Respirator Meets Specs (select one)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
PPE Description (if used)											
PPE Adequate (select one)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Sample Duration (min.)											
Sample #											
DOEHRS Sample ID#											
Laboratory #											
Stressor/CAS #											
LOQ											

Results/ Unit					
Concentration/Unit					
8 Hour TWA					
Calibrator: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Mfg. Model Serial #/Name </div>				Pre Cal Date: _____	
Field Calibrated By: _____				Post Cal Date: _____	
	1	2	3	4	5
Field #					
Instrument Type					
Instrument Mfg.					
Instrument Model					
Instrument Serial #/Name					
Pre Cal Flow Rate (lpm)					
Post Cal Flow Rate (lpm)					
Lower Flow Rate (lpm)					
Media					
Media Lot/Tube #					
Media Expiration Date					
Time Off					
Time On					
Pump Check(s)					
Exposure during the unsampled period is: Same as sample period Zero Other _____					
Shift Length: _____ Actual Length of Sampled Work: _____ Time Course of Events/Comments:					
Calculations/Other Notes:			Sampler: _____		
			Date Completed: _____		
			Data Entered By: _____		
			Date Entered: _____		
			Reviewing IH: _____		
			Date Reviewed: _____		
Sent to Lab By: _____			Date Sent: _____		
Received By: _____			Date Received: _____		
Lab Results Received By: _____			Date Received: _____		