CUI when filled in

INDUSTRIAL HYGIENE DIRECT READING SINGLE STRESSOR SAMPLE SURVEY

Sample Date:

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

	1	2	3	4	5
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)					
Sample Position (personal samples)					
Materials/Products Used					
Ventilation Description (if present)					
Ventilation Used (select one)					
Ventilation Meets Specs (select one)					
Respirator Description/ Respirator # (if used)	TC -	TC -	TC -	TC -	TC -
Respirator Meets Specs (select one)					
PPE Description (if used)					
PPE Adequate (select one)					
Sample Duration (min.)					
Sample #					
DOEHRS Sample ID#					
Laboratory #					
Stressor/CAS #					
LOQ					

Appendix C (Rev. 9-2025)

Results/ Unit					
Concentration/Unit					
8 Hour TWA					

Calibrator: _____
Mfg. Model Serial #/Name

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:** _____