

INDUSTRIAL HYGIENE BULK/WIPE SAMPLE SURVEY

Sample Date: _____

Laboratory: _____		IH Group: _____			
Laboratory Report #: _____		IH POC: _____		IH email: _____	
		IH Comm/DSN Phone: _____		IH Fax: _____	
IH UIC: _____ Activity: _____ UIC: _____ Field Office: _____					
Bldg./Hull #: _____ Shop Location: _____ Shop Code/Name: _____					
Sample Site (If different from above):					
Activity: _____ UIC: _____ Field Office: _____					
Bldg./Hull # _____ Shop Location: _____ Shop Code/Name: _____					
Field #					
Bulk or Wipe					
Area Wiped (cm²)					
Wipe Media					
Wipe Media Lot #					
Related Air Samples					
SEG					
Worksite					
Boundary					
Specific Site of Sample					
Source of Sample					
Sample Material Description					
DOEHRS Sample #					
Operation/Task					
Related Shop SOP					
Sample #					
Laboratory #					
Stressor	CAS#	Result/Unit	Result/Unit	Result/Unit	Result/Unit

Appendix D (REV 5-2025)

Controlled by: Department of the Navy
 Controlled by: NMCFHPC/DCPH-P
 CUI Category: PRVCY/CTI
 Distribution/Dissemination Control: FEDCON
 POC: NMCFHPC IH Department

Calculations:

Comments:

Sampler: _____ Date Completed: _____	Sent to Lab By: _____ Date Sent: _____
Data Entered By: _____ Date Entered: _____	Lab Results Received By: _____ Date Recd.: _____
Reviewing IH: _____ Date Reviewed: _____	Received By: _____ Date Received: _____

Appendix D (REV 5-2025)

CUI when filled in

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