INDUSTRIAL HYGIENE NOISE SURVEY **CUI when filled in** **Sample Date:** _____

IH UIC: _____ **Activity:** _____ **UIC:** _____ Field Office: _____

Bldg./Hull #: _____ **Shop Location:** _____ **Shop Code/Name:** _____ **SEG:** _____

Area Posted: ___ Yes - Single ___ Yes – Double ___ No Hearing Protection In Use: ___Yes – Single ___Yes – Double ___ No

Sound Level Meter Results

DOEHRS Sample ID#					
Sample #					
Source Description					
Measurement Location					
Machine#/ USN#					
Noise Pattern **C = Continuous** **IN = Intermittent** **IM = Impulse/Impact**	___ C ___ IN ___ IM	___ C ___ IN ___ IM	___ C ___ IN ___ IM	___ C ___ IN ___ IM	___ C ___ IN ___ IM
Noise Source Labeled	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Noise Radius (ft)	_____ at 85 dBA _____ at 104 dBA _____ at 140 dB(P) _____ at 165 dB(P)	_____ at 85 dBA _____ at 104 dBA _____ at 140 dB(P) _____ at 165 dB(P)	_____ at 85 dBA _____ at 104 dBA _____ at 140 dB(P) _____ at 165 dB(P)	_____ at 85 dBA _____ at 104 dBA _____ at 140 dB(P) _____ at 165 dB(P)	_____ at 85 dBA _____ at 104 dBA _____ at 140 dB(P) _____ at 165 dB(P)
Meter Response **F = Fast** **S = Slow** **I = Impulse/Impact**	___ F ___ S ___ I	___ F ___ S ___ I	___ F ___ S ___ I	___ F ___ S ___ I	___ F ___ S ___ I
Result	_____ dBA _____ dBC _____ dB Peak	_____ dBA _____ dBC _____ dB Peak	_____ dBA _____ dBC _____ dB Peak	_____ dBA _____ dBC _____ dB Peak	_____ dBA _____ dBC _____ dB Peak
Task Duration (min)	_____	_____	_____	_____	_____

Comments:

Diagram:

SOUND LEVEL METER		MICROPHONE		CALIBRATOR	
Mfg./Model:		**Mfg./Model:**		**Mfg./Model:**	
Serial #:		**Serial #:**		**Serial #:**	
Last Electroacoustic Cal Date:	**Next Electroacoustic Cal Date:**	**Last Electroacoustic Cal Date:**	**Next Electroacoustic Cal Date:**	**Last Electroacoustic Cal Date:**	**Next Electroacoustic Cal Date:**

Field Calibration: Pre-Calibration Date: _____ **Time:** _____ **Value:** _____

Field Calibration: Post-Calibration Date: _____ **Time:** _____ **Value:** _____

Field Calibration OK: ___ Yes ___ No

Field Calibrated By: _____

Measurements Obtained: ___ Indoors ___ Outdoors **Wind Screen:** ___ Used ___ Not Used

Sampler: _____ **Date Completed:** _____

Reviewing IH: _____ **Date Reviewed:** _____

Data Entered By: _____ **Date Entered:** _____