INDUSTRIAL H	YGIENE NOISE	SURVEY	CUI when filled in Sample Date:					
IH UIC:		UIC: Field Office:						
Bldg./Hull #:	Shop Location	n: Sh	op Code/Name:	SEG:				
Area Posted: Yes - S	Single Yes – Double	uble No Hearing Protection In Use:		- Single Yes - Dou	ble No			
Sound Level Meter Results								
DOEHRS Sample ID#	ŧ							
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			
	at 85 dBA	at 85 dBA	at 85 dBA	at 85 dBA	at 85 dBA			
Noise Radius (ft)	at 104 dBA	at 104 dBA	at 104 dBA	at 104 dBA	at 104 dBA			
110150 111111115 (10)	at 140 dB(P)				at 140 dB(P)			
	at 165 dB(P)			at 165 dB(P)	at 165 dB(P)			
Meter Response F=Fast	F S	F S	F S	r S	F S			
S = Slow I = Impulse/Impact	I	I	I	I	I			
	dBA	dBA	dBA	dBA	dBA			
Result	dBC	dBC	dBC	dBC	dBC			
	dB Peak	dB Peak	dB Peak	dB Peak	dB Peak			
Task Duration (min)								
Comments:								

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CUI when filled in

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

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Appendix E (Rev. 9-2025)

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