

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: _____	