

## INDUSTRIAL HYGIENE NOISE DOSIMETRY SURVEY

CUI when filled in

Sample Date:

IH UIC: \_\_\_\_\_ Activity: \_\_\_\_\_ UIC: \_\_\_\_\_ Field Office: \_\_\_\_\_

Bldg./Hull #: \_\_\_\_\_ Shop Location: \_\_\_\_\_ Shop Code/Name: \_\_\_\_\_

<i>Shift:</i>	1. Day	<i>Frequency of Operation</i>	1. Daily	2. 2-3/wk	3. Weekly	4. 2-3/mo	<i>Duration of Operation</i>	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
<b>Sample Type</b> (select one)			
<b>Employee Name</b>			
<b>SEG</b>			
<b>Gender</b> (select one)			
<b>DoD EDI PI</b>			
<b>Job Title</b>			
<b>Mil/Civ/FN</b> (select one)			
<b>TAD</b> (select one)			
<b>Parent Activity</b>			
<b>Parent UIC</b>			
<b>SF 600 Sent To</b>			
<b>Worksite</b>			
<b>Primary Noise Source</b>			
<b>Secondary Noise Source</b>			
<b>Operation/Process</b>			
<b>Task</b>			
<b>Exposure Origin</b> (select one)			
<b>Sample Position</b> (personal samples)			
<b>Related Shop SOP</b>			
<b>Workload</b> (select one)			
<b>PPE Description (if used)</b>			
<b>PPE Adequate</b> (select one)			
<b>Field #</b>			
<b>Sample #</b>			
<b>DOEHRS Sample #</b>			
<b>Time Off</b>			
<b>Time On</b>			
<b>Sample Duration (min.)</b>			
<b>Dose (%)</b>			
<b>Lavg (dBA)</b>			
<b>Lmax (dBA)</b>			
<b>8 Hour TWA (dBA)</b>			
<b>Shift TWA (dBA)</b>			
<b>8 Hour Projected Dose TWA (%)</b>			

**CUI when filled in**

NOISE DOSIMETER 1		NOISE DOSIMETER 2	
Mfg/Model:	Serial #:	Mfg/Model:	Serial #:
Last Electroacoustic Cal Date:	Next Electroacoustic Cal Date:	Last Electroacoustic Cal Date:	Next Electroacoustic Cal Date:
NOISE DOSIMETER 3		CALIBRATOR	
Mfg/Model:	Serial #:	Mfg/Model:	Serial #:
Last Electroacoustic Cal Date:	Next Electroacoustic Cal Date:	Last Electroacoustic Cal Date:	Next Electroacoustic Cal Date:
<p>Field Calibration: Pre-Calibration Date: _____ Time: _____ Value: _____</p> <p>Field Calibration: Post-Calibration Date: _____ Time: _____ Value: _____</p> <p>Field Calibration OK:      Yes      No</p> <p>Field Calibrated By: _____</p>			
<p>Exposure during the unsampled period is:      Same as sample period      Zero      Other _____</p>			
<p>Shift Length: _____ Actual Length of Sampled Work: _____ Time Course of Events/Comments:</p>			
<p>Sampler: _____</p>		<p>Date Completed: _____</p>	
<p>Reviewing IH: _____</p>		<p>Date Reviewed: _____</p>	
<p>Data Entered By: _____</p>		<p>Date Entered: _____</p>	