

CUI When Filled In Sample Date:

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

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

Worksite: _____ **Related Shop SOP:** _____ **SEG:** _____

Shift:	1. Day	Frequency of Operation	1. Daily	2. 2-3/wk	3. Weekly	4. 2-3/mo	Duration of Operation	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. > 8hr

Operation: _____

Task: _____

Exposure Source: _____

Work Intensity:	Strenuous	Moderate	Easy
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[illegible]

Control Methods: Water Available: Yes No **Work/Rest Cycle:** _____

Other: _____

Instrument: _____

Name _____

Last Mfg. Cal Date: _____ **Next Mfg. Cal Date:** _____

Shift Length: _____ Actual Length of Sampled Work: _____ Time Course of Events/Comments: _____

Sampler: _____ **Date Completed:** _____

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

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