INDUSTRIAL HYGIENE HEAT STRESS ASHORE SURVEY 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. Daily 2. 2-3/wk 1. Day Frequency 3. Weekly 4. 2-3/mo Duration 1. 0-15 min 2. 15-30 min 3. 30-60 min 4. 1-2 hr of Operation of Operation 8. Special 2. Eve. 3. Night 5. Monthly 6. 2-3/yr 7. Yearly 5. 2-4 hr 6. 4-6 hr 7. 6-8 hr 8. > 8hr Operation: ___ Task: Exposure Source: Work Intensity: Strenuous Moderate Easy 4 5 3 10 Measurements Dry Bulb (°F/°C) Wet Bulb(°F/°C) Globe (°F/°C) WBGT (°F/°C) R/H % **Measurements Obtained** Radiant Load Time Sample # **DOEHRS Sample** ID# Control Methods: Water Available: Yes No Work/Rest Cycle: Instrument: Serial # Model Last Mfg. Cal Date: ____ Next Mfg. Cal Date: ____

Sampler:	Date Completed:
Reviewing IH:	Date Reviewed:

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

Data Entered By:

Date Entered: