

INDUSTRIAL HYGIENE HEAT STRESS AFLOAT SURVEY

CUI when filled in

Sample Date:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| IH UIC: _____ Activity: _____ UIC: _____ | | | | | | | | | |
| Hull #: _____ Shop Location: _____ Shop Code/Name: _____ | | | | | | | | | |
| Personal or Area Worksite: _____ Related Shop SOP: _____ | | | | | | | | | |
| Employee Name: _____ SEG: _____ Gender: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First MI </div> | | | | | | | | | |
| DoD EDI PI: _____ Job Title: _____ Mil/Civ/FN: _____ | | | | | | | | | |
| TAD: _____ Parent Activity: _____ Parent UIC: _____ | | | | | | | | | |
| Operation: _____ Task: _____ | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>PPE</div> <div>PPE Adequate: _____</div> </div> | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div>Description: _____</div> <div>Causality Control Drill: _____</div> <div>Time: _____</div> <div>Exposure Origin: _____</div> </div> | | | | | | | | | |
| Routine Watch: _____ | | | | | | | | | |
| Measurements | | | | | | | | | |
| Dry Bulb (°F/°C) | | | | | | | | | |
| Wet Bulb (°F/°C) | | | | | | | | | |
| Globe (°F/°C) | | | | | | | | | |
| WBGT (°F/°C) | | | | | | | | | |
| Spot Cooler (fpm) | | | | | | | | | |
| PHEL I | | | | | | | | | |
| PHEL II | | | | | | | | | |
| PHEL III | | | | | | | | | |
| PHEL IV | | | | | | | | | |
| PHEL V | | | | | | | | | |
| PHEL VI | | | | | | | | | |
| Sample # | | | | | | | | | |
| DOEHRS Sample ID# | | | | | | | | | |
| Propulsion Type: _____ Ship's Speed: _____ Knots _____ RPM | | | | | | | | | |
| Boilers/Reactors/Turbines/Diesels On Line: _____ Mean Seawater Injection Temperature: _____ (°F/°C) | | | | | | | | | |
| Instrument: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Mfg. Model Serial # Name </div> | | | | | | | | | |
| Last Mfg. Cal Date: _____ Next Mfg. Cal Date: _____ | | | | | | | | | |
| Shift Length: _____ Actual Length of Sampled Work: _____ Time Course of Events/Comments: _____ _____ _____ _____ _____ | | | | | | | | | |
| Sampler: _____ Date: _____ Reviewing IH: _____ Completed: _____ Data Entered By: _____ Date Entered: _____ | | | | | | | | | |