

# 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: _____ Sex: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Last</span> <span>First</span> <span>MI</span> </div>									
DoD EDI PI: _____ Job Title: _____ Mil/Civ/FN: _____									
TAD: _____ Parent Activity: _____ Parent UIC: _____									
Operation: _____ Task: _____									
PPE _____ PPE Adequate: _____									
Description: _____ Causality Control Drill: _____ Time: _____ Exposure Origin: _____									
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: Mfg/Model: _____ Serial#: _____ Name: _____									
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: _____									