

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

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

Employee Name: _____ SEG: _____

Last

First

MI

DoD EDI PI: _____ Job Title: _____ Mil/Civ/FN: _____

TAD: _____ Parent Activity: _____ Parent UIC: _____ SF600 Sent to: _____

| 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) > 8 hr |
| | | | 1 | | 2 | | 3 | | 4 | | |
| Sample Type (select one) | | | | | | | | | | | |
| Worksite | | | | | | | | | | | |
| Distance from Source (feet) | | | | | | | | | | | |
| Boundary (select one) | | | | | | | | | | | |
| Purpose (select one) | | | | | | | | | | | |
| Operation/ Task | | | | | | | | | | | |
| Inspirability (select one) | | | | | | | | | | | |
| Exposure Origin (select one) | | | | | | | | | | | |
| Sample Position (personal samples) | | | | | | | | | | | |
| Materials/Products Used | | | | | | | | | | | |
| Ventilation Description (if present) | | | | | | | | | | | |
| Ventilation Used | | | | | | | | | | | |
| Ventilation Meets Specs (select one) | | | | | | | | | | | |
| Respirator Description (if used) | | | | | | | | | | | |
| Respirator # | | | TC- | | TC- | | TC- | | TC- | | |
| Respirator Meets Specs (select one) | | | | | | | | | | | |
| PPE Description (if used) | | | | | | | | | | | |
| PPE Adequate (select one) | | | | | | | | | | | |
| Sample Duration (min.) | | | | | | | | | | | |
| DOEHRS Sample ID# | | | | | | | | | | | |
| Sample # | | | | | | | | | | | |
| Stressor/CAS# | LOQ | Result/Unit | Result/Unit | Result/Unit | Result/Unit | 8-hour TWA | | | | | |
| | | Concentration/Unit | Concentration/Unit | Concentration/Unit | Concentration/Unit | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Pre Cal Date: _____ | | Post Cal Date: _____ | | Field Calibrated By: _____ | |
|--|---|----------------------|-----------------------|----------------------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| Field # | | | | | |
| Instrument Mfg. | | | | | |
| Instrument Model | | | | | |
| Instrument Serial #/Name | | | | | |
| Instrument Setting/Mode | | | | | |
| Field Calibration Method | | | | | |
| Field Calibration OK | | | | | |
| Last Mfg. Cal Date | | | | | |
| Next Mfg. Cal Date | | | | | |
| Time Off | | | | | |
| Time On | | | | | |
| Calculations: | | | | | |
| Exposure during the unsampled period is: Same as sample period Zero Other _____ | | | | | |
| Shift Length: _____ Actual Length of Sampled Work: _____ Time Course of Events/Comments: | | | | | |
| Sampler: _____ | | | Date Completed: _____ | | |
| Reviewing IH: _____ | | | Date Reviewed: _____ | | |
| Data Entered By: _____ | | | Date Entered: _____ | | |