

## INDUSTRIAL HYGIENE VIBRATION SURVEY

CUI when filled in

Sample Date:

<b>IH UIC:</b>		<b>Activity:</b>				<b>UIC:</b>		<b>Field Office:</b>				
<b>Bldg./HULL #:</b>		<b>Shop Location:</b>				<b>Shop Code/Name:</b>						
<i>Shift</i>	1. Day	<i>Frequency of Operation</i>	1. Daily	2. 2-3/wk	3. Weekly	4. 2-3/mon	<i>Duration of Operation</i>	1. 0-15 min	2. 15-30 min	3. 30-60 min	4. 1-2 hrs	
2. Eve	3. Night		5. Monthly	6. 2-3/yr	7. Yearly	8. Special		5. 2-4 hrs	6. 4-6 hrs	7. 6-8 hrs	8. > 8 hrs	
<b>Sample Type</b> (select one)												
<b>Employee Name</b>												
<b>SEG</b>												
<b>DoD EDI PI</b>												
<b>Female/Male</b> (select one)												
<b>Job Title</b>												
<b>Mil/Civ/FN</b> (select one)												
<b>Years of Experience</b>												
<b>Field #</b>												
<b>Sample #</b>												
<b>DOEHRS Sample #</b>												
<b>Operation/Process</b>												
<b>Worksite</b>												
<b>Mfg./Equipment Type</b>												
<b>Model Number</b>												
<b>Serial Number</b>												
<b>Type of Material</b>												
<b>PPE/Controls (if used)</b>												
<b>Primary Vibration Source</b>												
<b>Secondary Vibration Source</b>												
<b>Sample Position</b>												
<b>Time Off</b>												
<b>Time On</b>												
<b>Sample Time (Min)</b>												
<b>HAV Trigger Time/ WBV Actual Exposure Time (Min)</b>												
<b>Shift Length (Hrs)</b>												
<b>Field Measurements (RMS in m/s<sup>2</sup>)</b>		X	A(8)		X	A(8)		TLV	X	A(8)		TLV
		Y			Y				Y			
		Z			Z				Z			
<b>VDV (if applicable)</b>												

