INDUSTRIAL HYGIENE VIB			IBRATION SURVEY			CUI when filled in		Sample Date:				
IH UIC:		Activity:			UI	C:		Field Office:				
Bldg./HULL #:		Shop Location:				Shop Code/Name:						
Shift	1. Day	Frequency	1.Daily	2. 2-3/wk	3. Weekly	4. 2-3/mon	Duration	1. 0-15 min	2. 15-30 min	3. 30-60 min	4. 1-2 hrs	
2. Eve	3. Night	of Operation	5. Monthly	6. 2-3/yr	7. Yearly	8. Special	of Operation	5. 2-4 hrs	6. 4-6 hrs	7. 6-8 hrs	8. > 8 hrs	
Sample Type	e (select one)					1				l		
Employee Na	,						•					
SEG												
DoD EDI PI												
Female/Male	e (select one)											
Job Title												
Mil/Civ/FN	(select one)											
Years of Exp	perience											
Field #												
Sample #												
DOEHRS Sa												
Operation/P	rocess											
Worksite												
Mfg./Equipment Type												
Model Numl												
Serial Number												
Type of Material												
PPE/Control												
Primary Vibration Source												
Secondary Vibration												
Source												
Sample Position												
Time Off												
Time On												
Sample Time (Min)												
HAV Trigger												
Time/ WBV Actual Exposure												
Time (Min)	sure											
Shift Length	(Hrs)					•			•	•		
Field Measu	rements	v		A (9)			A (O)	TLV	v	A (O)	TLV	
(RMS in m/s		X	-	A(8)	X		A(8)	ILV	X	A(8)	ILV	
	,	Y			Y				Y			
		Z			z				Z			
VDV (if applicable)			1						1	1	ı	

Appendix M (Rev 05-2025)

Controlled by: Department of the Navy Controlled by: NMCFHPC/DCPH-P

CUI Category: PRVCY/CTI
Distribution/Dissemination Control: FEDCON

POC: NMCFHPC IH Department

Sample Date:

VIBRATION METER ACCELI	EROMETER NAME	ACCELEROMETER CALIBRATOR NAME					
MFR/Model:		MFR/Model:					
Serial #:		Serial #:					
Last Manufacturer Calibration Date:		Last Manufacturer Calibration Date:					
Next Manufacturer Calibration Date:		Next Manufacturer Calibration Date:					
Field Calibration: Pre-Calibration Data Field Calibration: Post-Calibration Data Field Calibration OK: Field Cali	te: Time:	Date:					
Shift Length:	Actual Length of Sample	e Worked:					
TCOE/Comments:							
Time to Reach AL:		Time to Reach TLV:					
Sampler:		Date Completed:					
Reviewing IH:]	Date Reviewed:					
Data Entry By:		Date Entered:					