

**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 <input type="checkbox"/>	<i>Frequency of Operation</i>	1. Daily <input type="checkbox"/>	2. 2-3/wk <input type="checkbox"/>	3. Weekly <input type="checkbox"/>	4. 2-3/mon <input type="checkbox"/>	<i>Duration of Operation</i>	1. 0-15 min <input type="checkbox"/>	2. 15-30 min <input type="checkbox"/>	3. 30-60 min <input type="checkbox"/>	4. 1-2 hrs <input type="checkbox"/>
2. Eve <input type="checkbox"/>	3. Night <input type="checkbox"/>		5. Monthly <input type="checkbox"/>	6. 2-3/yr <input type="checkbox"/>	7. Yearly <input type="checkbox"/>	8. Special <input type="checkbox"/>		5. 2-4 hrs <input type="checkbox"/>	6. 4-6 hrs <input type="checkbox"/>	7. 6-8 hrs <input type="checkbox"/>	8. > 8 hrs <input type="checkbox"/>
<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>	<b>X</b>	<b>A(8)</b>	<b>TLV</b>	<b>X</b>	<b>A(8)</b>	<b>TLV</b>	<b>X</b>	<b>A(8)</b>	<b>TLV</b>		
	<b>Y</b>			<b>Y</b>			<b>Y</b>				
	<b>Z</b>			<b>Z</b>			<b>Z</b>				
<b>VDV (if applicable)</b>											

