

INDUSTRIAL HYGIENE VIBRATION SURVEY

CUI when filled in

Sample Date:

IH UIC:		Activity:			UIC:		Field Office:				
Bldg./Hull#:		Shop Location:				Shop Code/Name:					
Shift	1. Day <input type="checkbox"/>	Frequency of Operation	1. Daily <input type="checkbox"/>	2. 2-3/wk <input type="checkbox"/>	3. Weekly <input type="checkbox"/>	4. 2-3/mon <input type="checkbox"/>	Duration of Operation	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"/>
Sample Type (select one)											
Employee Name											
SEG											
DoD EDI PI											
Female/Male (select one)											
Job Title											
Mil/Civ/FN (select one)											
Years of Experience											
Field #											
Sample #											
DOEHRS Sample #											
Operation/Process											
Worksite											
Mfg./Equipment Type											
Model Number											
Serial Number											
Type of Material											
PPE/Controls (if used)											
Primary Vibration Source											
Secondary Vibration Source											
Sample Position											
Time Off											
Time On											
Sample Time (Min.)											
HAV Trigger Time/ WBV Actual Exposure Time (Min.)											
Shift Length (Hrs)											
Field Measurements (RMS in m/s ²)		X	A(8)	TLV	X	A(8)	TLV	X	A(8)	TLV	
		Y			Y			Y			
		Z			Z			Z			
VDV (if applicable)											

Controlled by: Department of the Navy

Controlled by: NMCFHPC/DCPH-P

CUI Category: PRVCY/CTI

Distribution/Dissemination Control: FEDCON

POC: NMCFHPC IH Department

VIBRATION METER ACCELEROMETER 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 Date _____ Time: _____ Field Calibration: Post-Calibration Date: _____ Time: _____ Field Calibration OK: _____ Field Calibrated By: _____			
Shift Length:	Actual Length of Sample Worked:		
TCOE/Comments:			
Time to Reach AL:		Time to Reach TLV:	
Sampler: _____		Date Completed: _____	
Reviewing IH: _____		Date Reviewed: _____	
Data Entry By: _____		Date Entered: _____	