

**INDUSTRIAL HYGIENE (IH) BLAST OVERPRESSURE SAMPLE SURVEY**

Sample Date:

IH UIC:	IH Field Office:			Command:				UIC:			
Bldg./Hull/Range #:		Shop Location:				Shop Code/Name:					
SEG:											
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/mth	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
Employee Name (Last, First MI)											
Gauge/Sensor Set											
DOD ID Number											
Job Title/Rate											
Mil/Civ/FN											
Gender (M/F)											
Task/Operation											
Operational Position											
Gauge/Sensor Make/Model											
Gauge/Sensor Display Name											
Gauge/Sensor Threshold level (psi)											
Gauge Waveform Level (psi)											
Firing Position											
Weapon											
Barrel Length (in)											
Configuration											
Round Type											
Number of Rounds											
Handedness											
Reflective Surfaces											
Event Start Time											
Event End Time											
Sample Time (min)											
Helmet Type*											
Shield											
Body Armor*											
Plugs											
Muffs											
Eye Protection											
*See the Explanations and Definitions worksheet for the complete description of choices											
Page 1. IH Initials:											

Results <sup>1</sup>						
Head Gauge/ Sensor SN						
Chest Gauge/ Sensor SN						
Shoulder Gauge/ Sensor SN						
Sample Number <sup>2</sup>						
Peak Pressure <sup>3</sup> (psi)						
Peak Pressure Gauge/Sensor <sup>3</sup> (head, chest, shoulder)						
Peak Pressure Range <sup>3</sup> (psi)						
Peak Pressure 95%ile <sup>3</sup> (psi)						
Total Impulse <sup>3</sup> (psi-ms) associated with peak pressure						
Impulse range <sup>3</sup> (psi-ms)						
Impulse 95%ile <sup>3</sup> (psi-ms)						
Number of events <sup>4</sup>						
Events $\geq$ 4 psi						
Exposure during the unsampled period is: <input type="checkbox"/> Same as sample period <input type="checkbox"/> Zero <input type="checkbox"/> Other:						
Shift Length: _____	Actual Length of Sampled Work: _____					
Additional Weapon information						
Ammunition DODIC number						
Distance from BOP source						
Number of rounds						
Diagram (include location of reflective surfaces)						
<sup>1</sup> Data file must be attached <sup>2</sup> Include sample number or range of numbers for each peak listed on Peak OP vs Time <sup>3</sup> Determined by BOP Statistical tool <sup>4</sup> Refers to total number of times gauges triggered greater than or equal to threshold level						
Page 2. IH Initials:						

**Time Course of Events (TCOE)**

**Time Course of Events and Comments, to include detailed description of any reflective surfaces** (distances from personnel and type of surface, e.g. concrete, steel, etc.).

**START TIME (LOCAL TIME):**  
**START TIME (ZULU TIME):**

**CONTROLS**

During the training evolution, the following administrative controls meeting the DoD requirements were observed being utilized to reduce BOP exposure (select which controls used, if any, from the following choices):

- a. Minimize the number of personnel in the vicinity of BOP generating events. Minimize the number of personnel in the vicinity of blast generating events (i.e., personnel who are not directly involved in the training or executing tasks associated with the training event) to minimize unnecessary exposure.
- b. Enforce safety requirements. Enforce safety warnings and restrictions in weapons systems technical and operators' manuals.
- c. Minimize rounds fired. Limit the number of rounds to no more than the amount necessary to achieve mission readiness.
- d. Utilize standoff distances. Incorporate BOP risk management and mitigation actions to minimize the risk of brain injury that includes stand-off distances for weapons users and standoff distances.

<b>Sampler:</b> _____	<b>Date Completed:</b> _____
<b>Reviewing IH:</b> _____	<b>Date Reviewed:</b> _____
<b>Data Entered in Navy BOP database by:</b> _____	<b>Date Entered:</b> _____

**Initials confirming that associated data files are complete<sup>1,2</sup>:** \_\_\_\_\_

<sup>1</sup>Data file must be attached

<sup>2</sup>Include sample number or range of numbers for each peak listed on Peak OP vs Time