

INDUSTRIAL HYGIENE AIR SAMPLE SURVEY

CUI when filled in

Sample Date:

Laboratory:			IH Group:			IH POC:		
Laboratory Report #:			IH Phone (Comm):			IH Email:		

IH UIC: _____ Activity: _____ UIC: _____ Field Office: _____
 Bldg./Hull #: _____ Shop Location: _____ Shop Code/Name: _____
 Employee Name: _____ Job Title: _____
Last First MI
 DoD EDI PI: _____ SEG: _____ Mil/Civ/FN
 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/mo	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

Field Number				
Sample Type (select one)				
Worksite				
Distance from Source (ft)				
Boundary (select one)				
Operation/Task				
Purpose (select one)				
Inspirability (select one)				
Exposure Origin (select one)				
Sample Position (personal samples)				
Materials/Products Used				
Ventilation Description (if present)				
Vent Used (select one)				
Vent Meets Specs (select one)				
Respirator Description (if used)				
Respirator #	TC-	TC-	TC-	TC-
Respirator Meets Specs (select one)				
PPE Description (if used)				
PPE Adequate (select one)				
Sample Duration (min)				
Flow Rate (lpm)				
Volume (liters)				
Sample #				
DOEHRS Sample ID#				
Laboratory #				

Stressor	CAS#	Concentration/Unit	Concentration/Unit	Concentration/Unit	Concentration/Unit	8 hr TWA

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Pre Cal Date: _____ Post Cal Date: _____ Field Calibrated By: _____				
Field Number				
Pump Mfg.				
Pump Model				
Pump Serial #/Name				
Calibrator Mfg. and Model				
Calibrator Cal Date				
Calibrator Serial #/Name				
Pre Cal Flow Rate (lpm)				
Post Cal Flow Rate (lpm)				
Lower Flow Rate (lpm)				
Media				
Media Lot/Tube #				
Media Expiration Date				
Time Off				
Time On				
Pump Check(s)				
Exposure during the unsampled period is: Same as sample period Zero Other _____				
Shift Length: _____ Actual Length of Sampled Work: _____ Time Course of Events/Comments:				
Calculations/Other Notes:		Sampler: _____ Date Completed: _____ Reviewing IH: _____ Date Reviewed: _____ Sent to Lab By: _____ Date Sent: _____ Received By: _____ Date Received: _____ Lab Results Received By: _____ Date Received: _____ Entered By: _____ Date Entered: _____		