

IH UIC: _____ Activity: _____ UIC: _____ Field Office: _____

Bldg./Hull #: _____ Shop Location: _____ Shop Code/Name: _____

Employee Name: _____ SEG: _____

Last

First

MI

DoD EDI PI: _____ Job Title: _____ 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
			1		2		3		4		
Sample Type (select one)											
Worksite											
Distance from Source (feet)											
Boundary (select one)											
Purpose (select one)											
Operation/ Task											
Inspirability (select one)											
Exposure Origin (select one)											
Sample Position (personal samples)											
Materials/Products Used											
Ventilation Description (if present)											
Ventilation Used											
Ventilation 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.)											
DOEHRS Sample ID#											
Sample #											
Stressor/CAS#	LOQ	Result/Unit	Result/Unit	Result/Unit	Result/Unit	8-hour TWA					
		Concentration/Unit	Concentration/Unit	Concentration/Unit	Concentration/Unit						

Pre Cal Date: _____		Post Cal Date: _____		Field Calibrated By: _____	
	1	2	3	4	5
Field #					
Instrument Mfg.					
Instrument Model					
Instrument Serial #/Name					
Instrument Setting/Mode					
Field Calibration Method					
Field Calibration OK	Yes No	Yes No	Yes No	Yes No	Yes No
Last Mfg. Cal Date					
Next Mfg. Cal Date					
Time Off					
Time On					
Calculations:					
Exposure during the unsampled period is: Same as sample period Zero Other _____					
Shift Length: _____ Actual Length of Sampled Work: _____ Time Course of Events/Comments:					
Sampler: _____ Date Completed: _____					
Reviewing IH: _____ Date Reviewed: _____					
Data Entered By: _____ Date Entered: _____					