

INDUSTRIAL HYGIENE VIBRATION SURVEY

CUI when filled in

Sample Date:

IH UIC:		Activity:		UIC:		Field Office:					
Bldg./Hull#:		Shop Location:				Shop Code/Name:					
<i>Shift</i>	1. Day ☐	<i>Frequency of Operation</i>	1. Daily ☐	2. 2-3/wk ☐	3. Weekly ☐	4. 2-3/mon ☐	<i>Duration of Operation</i>	1. 0-15 min ☐	2. 15-30 min ☐	3. 30-60 min ☐	4. 1-2 hrs ☐
2. Eve ☐	3. Night ☐		5. Monthly ☐	6. 2-3/yr ☐	7. Yearly ☐	8. Special ☐		5. 2-4 hrs ☐	6. 4-6 hrs ☐	7. 6-8 hrs ☐	8. > 8 hrs ☐
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/s²)	X	A(8)	TLV	X	A(8)	TLV	X	A(8)	TLV		
	Y			Y			Y				
	Z			Z			Z				
VDV (if applicable)											

