

INDUSTRIAL HYGIENE NOISE DOSIMETRY 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/mo	<i>Duration of Operation</i>	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
Sample Type (select one)													
Employee Name													
SEG													
Sex (select one)													
DoD EDI PI													
Job Title													
Mil/Civ/FN (select one)													
TAD (select one)													
Parent Activity													
Parent UIC													
SF 600 Sent To													
Worksite													
Primary Noise Source													
Secondary Noise Source													
Operation/Process													
Task													
Exposure Origin (select one)													
Sample Position (personal samples)													
Related Shop SOP													
Workload (select one)													
PPE Description (if used)													
PPE Adequate (select one)													
Field #													
Sample #													
DOEHRS Sample #													
Time Off													
Time On													
Sample Duration (min.)													
Dose (%)													
Lavg (dBA)													
Lmax (dBA)													
8 Hour TWA (dBA)													
Shift TWA (dBA)													
8 Hour Projected Dose TWA (%)													

