

INDUSTRIAL HYGIENE HEAT STRESS ASHORE SURVEY CUI When Filled In **Sample Date:**

IH UIC: _____ Activity: _____ UIC: _____ Field Office: _____
 Bldg. #: _____ Shop Location: _____ Shop Code/Name: _____

Worksite: _____		Related Shop SOP: _____				SEG: _____					
<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
3. Eve.	2. Night		5. Monthly	6. 2-3/yr	7. Yearly	8. Special		5. 2-4 hr	6. 4-6 hr	7. 6-8 hr	8. > 8hr

Operation: _____ **Task:** _____
Exposure Source: _____ **Work Intensity:** Strenuous Moderate Easy

	1	2	3	4	5	6	7	8	9	10
Measurements										
Dry Bulb (°F/°C)										
Wet Bulb(°F/°C)										
Globe (°F/°C)										
WBGT (°F/°C)										
R/H %										
Measurements Obtained										
Radiant Load										
Time										
Sample #										
DOEHRS Sample ID #										

Control Methods: Water Available: Yes No **Work/Rest Cycle:** _____
 Other: _____

Instrument: Mfg/Model: _____ **Serial #:** _____ **Name:** _____
Last Mfg. Cal Date: _____ **Next Mfg. Cal Date:** _____

Shift Length: _____ **Actual Length of Sampled Work:** _____ **Time Course of Events/Comments:**

Sampler: _____ **Date Completed:** _____
Reviewing IH: _____ **Date Reviewed:** _____
Data Entered By: _____ **Date Entered:** _____