

INDUSTRIAL HYGIENE AIR SAMPLE SURVEY FORM NEHC 5100/13

This form is used to record information collected while sampling with air sampling pumps and passive monitors. Analytical information is provided by the laboratory. As many as 5 stressors may be listed on each form, but only 1 worker.

Front Side

TO

The address of the consolidated industrial hygiene laboratory to which the sample is being sent.

FROM

The complete address of the command requesting the sample analysis.

POC

The industrial hygienist to contact in case there are questions concerning the sample(s).

PHONE

The complete commercial and DSN phone numbers of the POC.

FAX

The fax number of the POC.

DATE

The date the samples were collected.

IH UIC

The Unit Identification Code (UIC) of the command providing industrial hygiene support.

ACTIVITY

The name of the command receiving industrial hygiene support.

UIC

The Unit Identification Code of the command receiving industrial hygiene support.

BUILDING/ LOCATION

The building or hull number where the samples are being collected.

WORKSITE

The location inside the building or ship where the samples are being collected.

SHOP/CODE

The name and/or number of the shop where the employee being sampled works.

SAMPLE COLLECTION TYPE

Check the appropriate box.

EMPLOYEE SAMPLED: NAME

The complete name of the employee sampled.

SSN/BADGE #

The last 4 digits of the social security number or the badge number of the employee sampled.

JOB TITLE

Job title of individual sampled.

(M)IL OR (C)IV

Is individual sampled military or civilian?

OPERATION

A brief description of the operation performed during the sample period. (e.g. not 'painting' but 'spray painting ship's hull'.)

CODE

The operation code which most closely matches the operation being evaluated. Operation codes are found in the Industrial Hygiene Information Management System (IHIMS) manual.

TASK

Further defines the operation

SHIFT

Use number codes

1 = Day

2 = Evening

3 = Night

FREQUENCY OF OPERATION

Use number codes

1 = Daily

2 = 2-3 Times/Week

3 = Weekly

4 = 2-3 Times/Month

5 = Monthly

6 = 2-3 Times/Year

7 = Yearly

8 = Special Occasions

DURATION OF OPERATION

Use number codes

- 1 = <1 Hour (<60 minutes)
- 2 = 1-4 Hours (60-240 minutes)
- 3 = 4-8 Hours (240-480 minutes)
- 4 = >8 Hours (>480 minutes)

RESPIRATOR

A description of the respirator being used by the employee, to include manufacturer, model, type of cartridge, etc. If no respirator is in use, state 'none'.

CODE

The NIOSH/MSHA approval number for the respirator used.

PPE

A description of any personal protective equipment in use during the sample period.

CODE(S)

The code(s) of the personal protective equipment in use. PPE codes are in Appendix 3-C.

PRODUCT USED

A description of the product containing the stressor (e.g., welding rod, spray paint, degreaser, etc.).

VENTILATION

From the following list, select the most closely matching ventilation type:

- a. Natural
- b. General
- c. Small Booth
- d. Large Booth, non walk-in
- e. Large Booth, walk-in
- f. Canopy Hood
- g. Glove Box
- h. Laboratory Hood
- i. Free Hanging
- j. Lateral Slot
- k. Push-Pull
- l. Downdraft
- m. Metal working/wood working
- n. Low Volume-High Velocity

MEETS SPECS

Based on measurements, does the ventilation meet specifications?
"Y" for yes; "N" for no; "U" for unknown

USED

Is the ventilation system used?
"Y" for yes; "N" for no.

UNSAMPLED PERIOD

Check the appropriate box.

DURATION

The duration of the sample, in minutes (calculated from pump 'on' and 'off' times).

FLOW RATE

The flow rate of the sampling pump, or the equivalent flowrate of the passive monitor, in liters per minute.

VOLUME

The total volume of air collected, in liters.

SAMPLE #

The unique number used to identify the sample.

LABORATORY #

The number used by the lab to identify and track the sample.

STRESSOR/CAS #

The stressor being sampled and the Chemical Abstracts Service Registry Number. A list of stressors with exposure standards is in the IHIMS manual.

LOD

The limit of detection of the analytical method, to be provided by the laboratory.

RESULTS/UNITS

The result of analysis expressed as a concentration, in mg/m³ or fibers/cc. This is a time weighted average for the time sampled.

8 HR TWA

The calculated 8 hour time weighted average(s) of the stressor(s). To be calculated by the sample taker.

DATE RECEIVED

The date the sample was received by the laboratory.

ANALYTICAL METHOD

The method used by the laboratory to analyze the sample.

COMMENTS

Explanatory comments by the chemist about the sample or analysis.

ANALYSIS PERFORMED BY

The name and signature of the chemist performing the analysis.

DATE ANALYZED

The date the sample was analyzed.

ANALYSIS REVIEWED BY

Name and signature of the reviewing supervisor

DATE REPORTED

The date the laboratory reported the results.

Reverse Side

FIELD SAMPLE ID

The number used to identify the sample in the field.

MEDIA

The type of media used to collect the sample (e.g., MCEF, CT, 3M 3500 OVM).

LOT/TUBE #

The manufacturer's lot or tube number for the media.

EXPIRATION DATE

The expiration date of the media, if any.

TIME OFF

The time the sampling period ended.

TIME ON

The time the sampling period began.

PUMP CHECK(S)

The time(s) when the pump was checked to ensure proper operation.

COLLECTION INSTRUMENT

The manufacturer, model, type and serial number of the sampling pump.

CALIBRATOR

The manufacturer, model, type and serial number of the calibration device.

PRE CALIBRATION DATE

The date the sample pump was pre calibrated. Must be the same date as post calibration and sample date unless sampling across the midnight hour.

PRE CALIBRATION FLOW RATE

The average flow rate during pump pre calibration.

POST CALIBRATION DATE

The date the sample pump was post calibrated. Must be the same as

the pre cal date and sample date unless sampling across the midnight hour.

POST CALIBRATION FLOW RATE

The average flow rate during pump post calibration.

CALIBRATED BY

The printed name and signature of the person performing the calibration.

LOWER FLOW RATE

The lower of the pre and post pump calibration flow rates. This flow rate is to be used when calculating sample volume. The difference between pre and post calibration values should not

Install Equation Editor and double-click here to view equation.

exceed 5% when calculated by the equation:

For passive monitors, enter the manufacturer's listed equivalent flow rate.

CALCULATIONS

Any calculations associated with the calibration or sample results.

TIME COURSE OF EVENTS/COMMENTS

A **detailed** chronological description of the operation and any other comments or observations.

IHT/WPM

The **printed name** and **signature** of the industrial hygiene technician or workplace monitor performing the sampling.

DATE

The date the form was signed.

IH

The **printed name** and **signature** of the industrial hygienist performing the sampling or reviewing the sample form.

DATE

The date the form was signed.