

HHIMS INDUSTRIAL HYGIENE SURVEY FORM

ARLOC Installation Building Number Room Number

Location Operation Survey Date Year Month Day MACOM Sub-MACOM RAC Unit/Organization

Supervisor Mr. Ms.

Supervisor or Point of Contact Telephone Number DSN Commercial Frequency (hrs/day) No. CIVs No. MIL Contractors No. LOCs

Lab Hoods Vapor Degreasers Spray Booths Open Surface Tanks Ventilation Units

Controls present (if >6, continue in comments)[25]	Evaluation [25 char max per line]	Unit Code	Controls Required [25 char max per line]

Glove	e*	R	U	Respirator	e*	R	U	Manufacturer's Description [10 char max]	NIOSH TC# or foreign equiv. [10 char max]
acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	airline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
cold surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	abrasive blasting hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
hot surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	disposable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NBC agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	full face air purifying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 face air purifying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	powered air purifying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
surgical gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/4 face air purifying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
leather/cotton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	self-contained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Eyes and Face	e*	R	U	Hearing	e*	R	U	Body	e*	R	U	Head and Feet	e*	R	U
chemical splash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	canal caps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	aprons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cold weather boots/hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
full face shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(>85-108dBA steady) earplugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cold weather clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hard hats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chem/safety impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	helmets w/muffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	coveralls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	impermeable boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
safety impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	muffs alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	full body suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	safety shoes (conductive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
welding helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(108-118) muff/earplug comb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	heat reflective vest/suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	safety shoes (nonconductive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sunglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	muffs and earplugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	safety belt/harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
welding goggles/glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(118 or >) with time limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	special purpose clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laser eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e* = evaluator's recommendation or agreement Reminders: ergonomics - dermatitis - physical agents - flammable storage ACO ADM DSA DSN LAB LCK
 EYE (permanent) ____ - EYE (portable) ____ - SHW - GMV - LEV RAD ECB EPL RHS SPR WEL

CAS Code										PAC	EPC	Hazard Description
PONOISECO												
POFOOTHAZ												
POFLYPROJ												
POEYEHZA												
POFLAMHAZ												
POLIFTING												
POSHARPOB												
POHOTOBJE												
POELSHOCK												
COLUBEOIL												

Social Security Number or Other Unique Identifier	Last Name	First Name	MI	Sex	Category

Personnel data provided by the facility is attached to this form

Comments Remember to comment on problems, recommendations, and needed control items

Operation described is

(Comments continued on attached sheet)

This operation was explained to the evaluators, but was not actually observed.

There is a noise data sheet attached to this form

There is a ventilation data sheet attached to this form

