

Navy Environmental Health Center
Industrial Hygiene Noise Survey Form - NEHC Form 5100/17
Explanations and Definitions
(Version 4/03)

Industrial Hygiene Noise Survey Form - NEHC Form 5100/17 - This form is used to record information collected while performing noise surveys with a sound level meter. As many as five noise sources may be listed on each form for the same shop.

Form fields marked in this Explanations and Definitions as “Required” are fields that are thought to be important information. Some of the “Required” fields have conditions listed. If those conditions are not applicable, those fields are either not applicable or optional. Form fields marked in this Explanations and Definitions as “Optional” are fields that provide useful but extra information or are only used by some industrial hygiene groups. On the actual survey form, the “Optional” fields are shaded.

FIELD NAME	DEFINITION
Sample Date (Required)	The date the sample is collected.
IH UIC (Required)	The Unit Identification Code (UIC) of the command providing industrial hygiene support to the sampled command.
Activity (Required)	The name of the sampled command receiving industrial hygiene support.
UIC (Required)	The UIC of the sampled command receiving industrial hygiene support.
Field Office (Optional)	A city or other descriptive identifier of the location of the activity being sampled. This is useful in situations where the command has multiple field locations, and the activity name, UIC and building/location do not provide sufficient detail to discern between different field offices of the command. This field is optional and is currently used by only a few IH field activities.
Bldg./Hull # (Required)	The building number of the shore command or the hull number of the ship where the individual being sampled works or where the sample is being collected.
Shop Location (Required)	The room number or ship compartment number of the shop where the individual being sampled works or where the sample is collected.
Shop Code/Name (Required)	The number and/or name of the shop where the individual being sampled works or where the sample is being collected

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FIELD NAME	DEFINITION
Area Posted (Required)	Record whether the area is posted as noise hazardous and, if yes, then whether the signage designates double hearing protection or just single hearing protection (standard noise hazardous area signage). Mark the appropriate box on the form: “Yes - Single”, “Yes – Double” or “No”.
Hearing Protection in Use (Required, if personnel are present)	Record whether hearing protection is in use by personnel operating the measured noise source or in any noise hazardous radius of the operating noise source, by marking the appropriate box on the form: “Yes - Single”, “Yes – Double” or “No”.
Sample # (Optional, if samples are not tracked)	The unique number used by the IH group to identify and track the sample.
Source Description (Required)	A description of the measured noise source.
Machine #/USN # (Required)	An identification number on the measured noise source.
Noise Pattern (Required)	Record the noise pattern of the measured noise source. Circle “C” for continuous, “IN” for intermittent or “IM” for impulse/impact.
Noise Source Labeled (Required)	Record whether the noise source is labeled as noise hazardous. Circle “Yes” or “No”.
Noise Radius (Required, if sound level exceeds 84 dBA)	The distance or radius around a noise source, in feet, where the sound level is 84 dBA. Inside the radius (closer to the source) sound levels exceed 84 dBA and it is considered noise hazardous.
Meter Response (Required)	Record the response mode for the sound level meter. Circle “F” for fast, “S” for slow or “I” for impulse/impact.
Result (Required)	The result of a measurement from a sampling instrument.
Comments (Optional)	Explanatory comments by the sampler about the sample.
Diagram (Optional)	Any drawings or diagrams to give additional information about the noise sources or measurements.
Sound Level Meter Mfg. (Required)	The manufacturer of the sound level meter.
Sound Level Meter Model (Required)	The model of the sound level meter.
Sound Level Meter Serial # (Required)	The serial number of the sound level meter.

Industrial Hygiene Noise Survey Form Explanations and Definitions (Version 4/03) (Continued.)

FIELD NAME	DEFINITION
Last Electroacoustic Calibration Date (Required)	The date the sound level meter, microphone or sound level meter calibrator was last calibrated by the manufacturer or calibration laboratory.
Next Electroacoustic Calibration Date (Required)	The date the sound level meter, microphone or sound level meter calibrator is next due to be calibrated by the manufacturer or calibration laboratory.
Microphone Mfg (Required, if separate microphone is used).	The manufacturer of the sound level meter microphone.
Microphone Model (Required, if separate microphone is used).	The model of the sound level meter microphone.
Microphone Serial # (Required, if separate microphone is used).	The serial number of the sound level meter microphone.
Calibrator Mfg. (Required)	The manufacturer of the calibration device.
Calibrator Model (Required)	The model of the calibration device.
Calibrator Serial # (Required)	The serial number of the calibration device.
Pre Cal Date (Required)	The date the sampling instrument is pre calibrated. This must be the same date as the post calibration date and sample date unless sampling is performed across the midnight hour.
Post Cal Date (Required)	The date the sampling instrument is post calibrated. This must be the same date as the pre calibration and sample date unless sampling is performed across the midnight hour.
Field Calibration OK (Required)	Record whether the sampling instrument calibrated properly, by marking the appropriate box on the form: "Yes" or "No".

Industrial Hygiene Noise Survey Form Explanations and Definitions (Version 4/03) (Continued.)

FIELD NAME	DEFINITION
Field Calibrated By (Required)	The printed name and signature of the person performing field calibration on the sampling instrument.
Measurements Obtained (Required)	Record whether the measurements are taken indoors or outdoors, by marking the appropriate box on the form: “Indoors” or “Outdoors”.
Wind Screen (Required)	Record whether the windscreen is used, by marking the appropriate box on the form: “Used” or “Not Used”.
Sampler (Required)	The printed name and signature of the industrial hygienist, industrial hygiene technician or workplace monitor performing the sampling.
Date Completed (Required)	The date the form is signed by the industrial hygiene technician, workplace monitor or industrial hygienist performing the sampling.
Reviewing IH (Required)	The printed name and signature of the industrial hygienist reviewing the sample form.
Date Reviewed (Required)	The date the form is signed by the industrial hygienist reviewing the sample form.
Data Entered By (Optional)	The printed name and signature of the person entering the sampling form information into the sample database. This only applies if the IH group utilizes a sample database.
Date Entered (Optional)	The date the sampling form information is entered into the sample database. This only applies if the IH group utilizes a sample database.