INDUSTRIAL HYGIENE HEAT STRESS SURVEY

Date:

IH UIC: _____ Activity: _____ UIC: _____

Building/Location: _____ Worksite: _____ Shop/Code: _____

Name: _____ SSN/Badge#: _____

Operation: _____ Code: _____

PPE: _____ Code(s): _____

Work Intensity: ☐ Heavy ☐ Moderate ☐ Light

Measurements:	1	2	3	4	5	6	7	8	9	10
Dry Bulb (°F/°C)										
Wet Bulb (°F/°C)										
Globe (°F/°C)										
WBGT (°F/°C)										
R/H %										
In/Outdoor (I/O)										
Radiant Load (Y/N)										
Time of Day										

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

Other:_____

_____

Comments:_____

_____

_____

_____

_____

Collection Instrument:_____

Last Calibration Date: _____ Field Calibration OK: ☐ Yes ☐ No

IHT/WPM: _____ Date: _____ | IH: _____ Date: _____

NEHC 5100/19 (REV 12/98)