

INDUSTRIAL HYGIENE BULK/WIPE SAMPLING FORM NEHC 5100/16

This form is used to record data collected during bulk or wipe samples.

TO

The address of the consolidated industrial hygiene laboratory performing the analysis.

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.

DATE

The date the samples were collected.

IH UIC

The Unit Identification Code 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 sample was collected.

SAMPLE CLASS

Check the appropriate box.

ASSOCIATED AIR SAMPLES

List the sample numbers of any air samples taken in conjunction with the bulk/wipe sample.

COLLECTION MEDIA

Describe the media used to collect the sample, if applicable.

FIELD ID

The number/name used to identify the sample in the field.

SOURCE

Describe where the sample originated (e.g., pipe lagging, solvent tank, etc.).

SAMPLE #

The number used to identify the sample to the laboratory.

LABORATORY #

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

SUSPECTED STRESSOR

List the stressor(s) expected to be found in the bulk/wipe sample.

ANALYSIS

The stressor(s) identified by the laboratory.

RESULTS/UNITS

The quantity of stressor identified in a unit of measure or a percentage, if appropriate.

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.

LOD

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

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.

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.