BROOKHAVEN NATIONAL LABORATORY Environmental, Safety, Health and Quality Directorate - Industrial Hygiene	**EMPLOYEE NOISE DOSIMETER** NOISE MEASUREMENT FORM
DATE:	SURVEYOR(S):
SAMPLE NUMBER:	IH INDEX NUMBER:

I. AREA INFORMATION		
DEPT:	BLDG:	ROOM:
NOISE SOURCE:		
ENGINEERING CONTROLS:		

II. EMPLOYEE INFORMATION		
FIRST NAME:	LAST NAME:	BNL #:
DEPT:	BLDG:	JOB TITLE:
EXPOSURE DURATION (HRS):	EXPOSURE (TIMES PER DAY):	EXPOSURE (DAYS PER YR):
JOB PERFORMED:		
PPE USED:		

III. SURVEY INSTRUMENT PREPARATION INFORMATION		
INSTRUMENT: **QUEST DOSIMETER**	MODEL: ☐ **Q-300** ☐ **DLX**	SERIAL#:
CALIBRATOR SERIAL #:	PRE-CAL: BY:	POST CAL: BY:
BATTERY CHECK (Y/N):		

IV. SAMPLING INFORMATION & RESULTS ____Record Below or _____See Printed Data Log Report

TOTAL TIME (hh.mm)	DOSIMETER I			DOSIMETER II			DOSIMETER III		
OVER-EXPOSURE Y / N	% Dose	LAVG	LMAX	% Dose	LAVG	LMAX	% Dose	LAVG	LMAX

V. WORKER ACTIVITY INFORMATION

TIME		COMMENTS- DETAILS ON THE ACTIVITY
ON	OFF	

Optional sketch of the Area

VI. ADDITIONAL COMMENTS ON THE JOB, TASK, HAZARD, ETC.

VII. CONCLUSIONS & RECOMMENDATIONS