BROOKHAVEN NATIONAL LABORATORY
ENVIRONMENTAL Safety Health and Qualification Directorate

SOUND PRESSURE LEVEL SURVEY
NOISE MEASUREMENT FORM

DATE: 8/23/01 | SURVEYOR(S): A. Piper

I. AREA INFORMATION

DEPT: CA | BLDG: 1006 | ROOM: Pump Room (Lower)

SOURCE: Various pumps/motors.

ENGINEERING CONTROLS: N/A

II. EMPLOYEE INFORMATION

FIRST NAME: N/A	LAST NAME: N/A	BNL #: N/A
DEPT:	BLDG:	JOB TITLE:
EXPOSURE DURATION (HRS):	EXPOSURE (TIMES PER DAY):	EXPOSURE (DAYS PER YR):
JOB PERFORMED:		
PPE USED:		

III. SURVEY INSTRUMENT INFORMATION

INSTRUMENT: Gen Rad	MODEL: 1982 SLM	SERIAL#: 4991
FACTORY CALIBRATION DATE: 8-1-01	PRE-CAL: 8·20·01 BY: [illegible]	POST CAL: 8-23-01 BY: [illegible]
BATTERY CHECK (Y/N): Y		

CALIBRATOR SERIAL #: 23136		125	250	500	1000	2000		125	250	500	1000	2000
	dBA				114.0		dBA				114.0	
	dBC				114.0		dBC				114.0	

IV. SAMPLING INFORMATION & RESULTS

Response: ___FAST ✓SLOW WIND SCREEN: Y N N/A

TIME	LOCATION OF SAMPLE READING	SPL READING dBA	SPL READING dBC	COMMENTS, SPECIAL CONDITIONS, and/or STATUS OF SOURCE
11:00	See attached map	84-88		

_____Additional Data on back of form

V. CONCLUSIONS & RECOMMENDATIONS

Post as Hearing Protection Required for Occupancy > 5 min @ 9/5/01

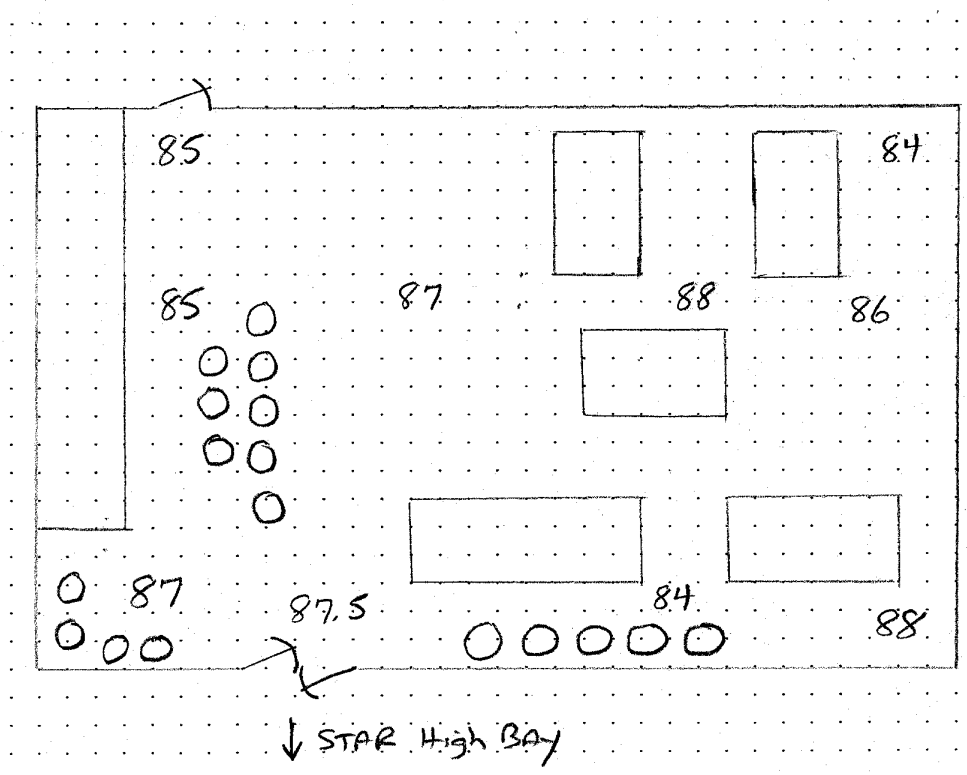
Return completed form to: SHSD IH Lab

FILE CODE: IH96SR. FORM IH96200 8.2 (03/01)

IV. SAMPLING INFORMATION & RESULTS (continued)

Response: ___FAST ___SLOW WIND SCREEN: Y N

TIME	LOCATION OF SAMPLE READING	SPL READING dBA	SPL READING dBC	COMMENTS, SPECIAL CONDITIONS, and/or STATUS OF SOURCE

Additional Data on back of form

SKETCH OF SAMPLING AREA (OPTIONAL)