PERSONAL LEAD EXPOSURE MEASUREMENT ISSUE FORM

DATE	:	_____
WORK AREA	:	_____
STATISTICAL POPULATION	:	_____
NUMBER OF PEOPLE IN H.E.G.	:	_____
OCCUPATION – Black Mountain	:	_____
OCCUPATION – SAMOHP Code Book	:	_____
SAMOHP Occupation Code	:	_____
NAME (Full Name)	:	_____
COY NUMBER	:	_____
IMMEDIATE SUPERVISOR	:	_____
HEAD OF DEPARTMENT	:	_____
CONTRACTOR NAME (If Applicable)	:	_____
INSTRUMENT TYPE	:	*Gillian Gravimetric Dust Sampler*
FILTER SERIAL NUMBER	:	_____
PUMP NUMBER	:	_____
CALIBRATION READING (Before)	:	_____
CALIBRATION READING (After)	:	_____

NOTE:
Please complete the attached questionnaire after you have worn the sampler for the day. Please feel free to add any comments or questions that you have. These will be addressed when the feedback for you particular sample is sent.
(*The person issuing the sampler and the supervisor are to help those individuals that are illiterate*)

PERSON CARRYING INSTRUMENT BRIEFED BY

NAME: _____ SIGNATURE: _____

PERSON ISSUING INSTRUMENT AT START OF SHIFT

NAME: _____ SIGNATURE: _____

TIME STARTED: _____

PERSON RECEIVING THE INSTRUMENT AT THE END OF SHIFT

NAME: _____ SIGNATURE: _____

TIME STOPPED: _____

PLEASE RETURN TO THE VOH DEPARTMENT / LAMPROOM
PERSONAL LEAD EXPOSURE MEASUREMENT ISSUE FORM

You have been selected to carry a Personal Gravimetric Dust Sampler today.
Please answer the following questions to the best of your ability. Please ask your supervisor to assist you in completing this questionnaire where necessary.

1.1. Did you receive training for wearing the sampler for the day?

Yes	No

1.2. Please check if the pump is still running at the following time periods:

08:00am	12:00pm	15:00pm

2. What was the job(s) you performed for the day?

Specify type of equipment (Boltec, Boomer, LHD, Truck, Scoop, etc) if applicable			
Equipment type		Equipment No	

3. Area (Level/s if underground) where you performed work?

4. Did you wear the Dust Sampler on your person for the duration of the shift?

5. Did you notice any obviously dusty conditions, equipment, or machines during the shift at your workplace? If so, please describe what you considered dusty.

6. Did you see symbolic signs for wearing of dust masks? If so, where?

7. Have you been issued with a dust mask?

8. Did you wear your dust mask during the shift?

9. Do you wear your dust mask every day?

10. If you have any suggestions, comments or questions regarding dust and dust masks, please write them down in the space provided.

Date: _____ Initials & Surname: _____

Occupation: _____ Supervisor: _____

Coy No .: _____ Signature: _____

Company: ……