

PERSONAL DPM 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 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 Diesel Particulate Matter (fumes) EXPOSURE MEASUREMENT FORM

You have been selected to carry a Personal DPM Sampler today. Please answer the following questions. 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
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1.2. Supervisor please check if the person being sampled is wearing the pump at the following time periods:

09:00am	yes	no	12:00pm	yes	no	15:00pm	yes	no
Supervisor Signature:								

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

Specify type of equipment operated OR maintenance performed during the shift (Boltec, Boomer, LHD, Truck, Scoop, etc) if applicable					
Equipment type			Equipment No		
Equipment type			Equipment No		
Equipment type			Equipment No		
Enclosed Cab	yes	no	Air-conditioning	yes	no
Enclosed Cab	yes	no	Air-conditioning	yes	no
Enclosed Cab	yes	no	Air-conditioning	yes	no

3. Is the area/workshop well ventilated (Natural or Mechanical Ventilation)

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

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5. Did you wear the DPM Sampler on your person for the duration of the shift?

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

7. Dust Masks

Have you been issued with a dust mask	yes	no	Type of dust mask		
Did you wear your dust mask for 8h shift	yes	no	FFP no		
Do you wear your dust mask daily	yes	no	Is there Symbolic signs for dust masks in your workplace	yes	no

Date: _____ Initials & Surname: _____

Occupation: _____ Supervisor: _____

Coy/ID No: _____ Sign: _____

Company: _____