EXPOSURE MONITORING PLAN WORKPLACE INFORMATION								
Organization:	VVOI	KKPLAGE	INFORMATION					
Shop or Work Center:								
Location:								
Supervisor:	1	Telephone:						
			Female:					
Shop Operations:		Male: Fe		:maie. 				
Work Task	Potential Haza	ırd	Frequency/Duration	Workers Involved	Controls ((E)xisting or (R)ecommended)			
Shop Operations:	I		<b>I</b>		l			
Signed:				D	ate:			

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EXPOSURE MONITORING PLAN (cont'd.)									
Task/Potential Hazard	No. of Measurements	Method of Measurement (1)	Location of Measurement (2)	Frequency (per year)	Man-Hours (per year)				

(1) Use the following codes:

DR -Direct reading instrument

IT -Indicator tube

AT -Adsorbtion tube (charcoal, silica gel, etc.) B/I -Bubbler/Impinger

F -Filter

PD -Personal Dosimeter

O -Other

(2) Use the following codes:

GA -General area BZ -Breathing zone of personnel

SZ -Source zone O -Other