

INDUSTRIAL HYGIENE SURVEY
BENZENE AIR SAMPLING PROGRAM

AIR SAMPLING SURVEY
CHECKLIST FOR SUPERVISORS & EMPLOYEES
CHECKLIST #1

HYGIENIST: _____ DATE: _____

SUPERVISOR/EMPLOYEE INTERVIEWED: _____

TITLE: _____ DEPARTMENT: _____

A. GENERAL QUESTIONS

1. In what specific areas/locations in the plant do you believe or work where benzene gases and/or vapors are being released?

a. _____	f. _____
b. _____	g. _____
c. _____	h. _____
d. _____	i. _____
e. _____	

2. Supervisor: What tasks or special jobs in the plant do you feel require employees under your supervision to be exposed to benzene gases or vapors?

Employee: What tasks or special jobs do you perform in the plant that you feel exposes you to benzene gases or vapor?

a. _____	f. _____
b. _____	g. _____
c. _____	h. _____
d. _____	i. _____
e. _____	

NOTE: For each location and/or special job listed, Checklist #2 shall be completed.

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INDUSTRIAL HYGIENE SURVEY
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CHECKLIST #2

NAME: _____ DATE: _____

LOCATION: _____ EQUIPMENT INVOLVED: _____

OPERATION: _____

SPECIAL JOB

ROUTINE JOB

ITEM	YES	NO	COMMENTS
B. PERSONNEL RELATED QUESTIONS			
1. Are personnel/you required to work on this equipment? Take samples? Service the equipment?			
2. Are personnel/you required to work near (within 50 feet) of this equipment?			
3. How many employees normally work on this equipment?			
4. What frequency do these employees/you work on this equipment? Weekly? Monthly?			
5. Do personnel/you take certain precautions when working on or near this equipment?			
6. What type of precautions do your personnel/you take?			
7. What length of time do personnel/you normally take to obtain samples or service this equipment? 5 min.? 15 min.? 1 hr.?			
8. Are there any other tasks personnel/you perform on or near this equipment that requires them/you to be present longer than one hour?			
9. Do personnel/you work on this equipment normally only during the day shift?			
10. What areas of the plant do they/you routinely visit, service or maintain excluding special jobs?			

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CHECKLIST #2

ITEM	YES	NO	COMMENTS
C. EQUIPMENT AND/OR OPERATIONAL QUESTIONS			
1. What materials are involved in the operation?			
2. What gases or vapors are released in addition to benzene?			
3. Does the equipment vent the gases or vapors steadily or periodically during the operation or task they/you perform?			
4. What specific equipment part releases the benzene gases?			
5. Is the equipment located inside a building?			
6. Is the equipment located outside?			
7. Does the equipment release more benzene gases and/or vapors during any particular shift? What shift? Why?			

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CHECKLIST #3

BIRTHDATE: _____ SHIFT: _____

FIELD REPORT

1. Report filed by: _____ Date: _____
2. Routine job YES ☐
NO ☐
- Special job YES ☐
NO ☐
3. Special job
(a) Number of employees involved _____
(b) Number of employees in vicinity _____
4. Indoors YES ☐ Outdoors YES ☐
NO ☐ NO ☐
5. Weather conditions: _____ Direction and Wind Velocity _____
6. Employee trained in proper use and care of monitor YES _____ NO _____
7. Personal monitor installed and fitted properly YES _____ NO _____
8. Personal monitor pump calibration date _____
9. Time sampling began _____ AM _____ PM
10. Time sampling ended _____ AM _____ PM
11. Pump serial number _____
12. Tube and filter operable YES _____ NO _____

LAB REPORT

1. Date of analysis: _____
2. Time of analysis: _____ AM _____ PM
3. Sampling duration: _____ hours
4. Volumetric flowrate of sampling: _____ Liters/min.
5. Quantity of carbon disulfide used for analysis: _____ ml.
6. Gas chromatograph model: _____
7. Analysis of samples:
 - (a) Gas chromatograph sample peak readings:
 1. Benzene _____ ppm
 2. Toluene _____ ppm
 3. Xylene _____ ppm
 4. _____ ppm
 5. _____ ppm
 6. _____ ppm
 - Total _____ ppm
 - (b) Desorption efficiency: _____
8. Pump recalibrated YES _____ NO _____ If not calibrated, when last calibrated? Date: _____
9. Tube and activated charcoal re-installed?

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BENZENE PEAK CONCENTRATION SAMPLING FORM

CHECKLIST #4

1. Hygienist: _____
2. Sampling date: _____
3. Area of plant: _____
4. Specific location sampling unit installed or measurements taken: _____

5. Time sampling began _____ AM _____ PM
6. Time sampling ended _____ AM _____ PM
7. Total sample time _____
8. Personnel in vicinity of sampling area YES _____ NO _____
9. If YES, what distance from sampling point? _____
10. What purpose is this sample being performed?
 - (a) Personnel work within 5-10 feet of the equipment? _____
 - (b) Personnel work 10 feet or 50 feet of the equipment? _____
 - (c) Probable high concentration level? _____

BENZENE SURVEY CONCENTRATION SAMPLING FORM
CHECKLIST #5

1. Hygienist: _____
2. Sampling date: _____
3. Area of plant: _____
4. Specific location sampling unit installed or measurements taken: _____

5. Time sampling began _____ AM _____ PM
6. Time sampling ended _____ AM _____ PM
7. Total sample: _____
8. Personnel in vicinity of sampling area YES _____ NO _____
9. If YES, what distance from sampling point? _____
10. What purpose is this sample being performed?
 - (a) Personnel work within 5 - 10 feet of equipment? _____
 - (b) Personnel work 10 feet or 50 feet of the equipment? _____
 - (c) Probable high concentration level? _____
11. Instrument Serial Number: _____
12. Date of last calibration: _____
13. Atmospheric Data:
 - Temperature: _____
 - Humidity: _____
 - Wind Direction: _____
 - Wind Velocity: _____
 - Weather Observation: _____
14. Test Results:
 - Benzene ppm _____
 - Toulene ppm _____
 - Xylene ppm _____

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