



**Environmental Safety Division
UNIVERSITY OF GEORGIA**

REQUEST FOR INDUSTRIAL HYGIENE ASSESSMENT

Date: _____

Building/Area: _____

Requested by:

Name: _____

Email: _____

Phone: _____

Department: _____

Supervisor Name: _____

Supervisor Email: _____

Work Location(s): _____

Type of Hazard (check all that apply):

Air Contaminant

Dermal Exposure

**Physical Hazard
(Noise, Heat/Cold,
Radiation)**

Other:

Please describe any exposure concerns and related work tasks:

List any specific chemicals or materials of concern:

List any symptoms related to hazard exposure (if applicable):

Additional information:
