



**Environmental Safety Division  
UNIVERSITY OF GEORGIA**

**REQUEST FOR INDUSTRIAL HYGIENE ASSESSMENT**

Please send completed form to [ihos@uga.edu](mailto:ihos@uga.edu)

**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:**

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**List any specific chemicals or materials of concern:**

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

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**Additional information:**

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