

# Industrial Hygiene Support Request Form

<b>1. Organization Name:</b>				Date:	
Unit/Section:		Building #:		UIC:	
Address:					
Unit/Section POC:		Rank/Grade:		Work Phone:	
Duty Position:		E-Mail:		Cell Phone:	
Location of event (if applicable):			Alternate POC: Name, Phone # and E-mail address:		

**2. Support Category (Check One):**

1. Industrial Hygiene Survey		2. Ventilation Survey		3. Indoor Air Quality	
4. Noise Survey		5. Design Review		6. Ergonomic Evaluation	
7. Training (also check training course)		<i>Hearing Protection</i>		8. Other (explain below)	
		<i>Ergonomics</i>			
		<i>Hazard Communication</i>			
		<i>Respiratory Protection</i>			
		<i>Personal Protective Equipment</i>			

**3. Description of requested service:**

**4. Additional Remarks:**

**5. Check box if request requires immediate action:**

**PLEASE NOTE:**

Complete all blocks.

Requests should be submitted 1 week in advance to give ample opportunity to schedule and provide uninterrupted support.

**Cancellations/changes must be called in prior to survey or event.**

**Requests can be emailed to: [usarmy.lee.medcom-kahc.list.industrial-hygiene-section@mail.mil](mailto:usarmy.lee.medcom-kahc.list.industrial-hygiene-section@mail.mil)**