## FOX ARMY HEALTH CENTER INDUSTRIAL HYGIENE SECTION Survey Request Form

Please email completed form to: <u>usarmy.redstone.medcom-fahc.list.ih-section@health.mil</u> Phone #: 256-955-8888 ext. 1372

## For mold specific issues contact the DPW POC Mr. Henry Millican at (256) 975-4933.

Today's Date		
Building number to be surveyed:		
Name, title and phone number of POC		
Name, office symbol, and email of POC		
for survey report:		
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Please select the type of	-	describe additional information about the concerns
survey being requested:		ing the specific location(s) or room numbers of the
	conce	rn:
Baseline (All-Hazards Evaluation)		
Ergonomics:		
1. Office (desk/workstation)		
2. Industrial		
Evaluation of Controls:		
1. Engineering		
2. Administrative/SOP		
3. Personal Protective Equipment		
Hazardous Communication (HAZCOM) Evaluation		
Hazardous Operation Evaluation		
Illumination/Light Level		
Indoor Air Quality (IAQ)		
Note: See Top & Bottom of form.		
Noise (including Octave Band)		
Occupational Safety and Health		
Administration (OSHA)		
Compliance w/ Safety Official		
Personal Sampling		
1. Noise Dosimetry 2. Air Sampling		
Respiratory Protection		
Ventilation (lab hood, local		
exhaust ventilation, general		
mechanical ventilation, etc.) Other (please describe):		

**Note:** IAQ surveys must be requested through Building/Facility Manager and each individual experiencing problems must complete <u>Fox Army Health Center Industrial Hygiene IAQ Occupant</u> <u>Health and Comfort Questionnaire Form.</u>