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| **Industrial Hygiene Evaluation Report**  Instructions: This report shall be initiated when an Industrial Hygiene issue is reported, or when new chemicals/processes are planned that could introduce new hazards into the workplace. Please use the Industrial Hygiene Program to assist in the information collection phase and completion of this form. All relevant documents (photos, drawings, accident reports, sampling results, etc.) should be attached to this report. The completed report documentation will remain on file with the school district. | | | | | | | |
| **PART I – Data Collection and Initial Investigation** | | | | | | | |
| **Location Information:** | | | | | | | |
| Location | | | | Location address | | | |
|  | | | |  | | | |
| Number of employees at site | | | | Number of employees affected | | | |
|  | | | |  | | | |
| Building information | | | | | | | |
|  | | | | | | | |
| **For Reported Complaints/Concerns:** | | | | | | | |
| Description of complaint/concern | | | | | | | |
|  | | | | | | | |
| Describe the health symptoms | | | | | | | |
|  | | | | | | | |
| Date and time symptoms first occurred | | | Date and time symptoms first reported | | | | |
|  | | |  | | | | |
| Do symptoms still exist? | | Day(s) symptoms exist | | | Seasonal? | Season(s) symptoms exist | |
| Yes  No | | Mon  Tue  Wed  Thur  Fri  Weekend | | | Yes  No | Spring  Fall  Summer  Winter | |
| Location(s) of employee(s) | | | | | | | |
|  | | | | | | | |
| Known/suspected causal factors (Consider odor/contaminant sources; non-routine work activities in or around building; HVAC issues; or personnel issues, including environmental or ergonomic factors) | | | | | | | |
|  | | | | | | | |
| Has issue been resolved? | Describe actions taken | | | | | | |
| Yes  No |  | | | | | | |
| **For New Chemicals/Processes Introduced into the Workplace:** | | | | | | | |
| Describe the planned new chemicals/processes (where new chemicals are planned, provide copies of SDSs) | | | | | | | |
|  | | | | | | | |
| What control methods are planned to control exposure to chemical, physical or biological agents | | | | | | | |
|  | | | | | | | |
| **Submitter:** | | | | | | | |
| School District Representative: | | | | Phone Number or Email | | | Date |
|  | | | |  | | |  |

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| --- | --- | --- | --- | --- |
| **PART II – Documentation of Action** | | | | |
| **Location Information:** | | | | |
| Location/address | | Name of supervisor receiving information | | |
|  | |  | | |
| Name of school district employee transmitting information to Facilities | Date of transmittal to Facilities Management | | Agreed upon follow-up date | |
|  |  | |  | |
| **PART III – Investigation Follow-up** | | | | |
| **Investigative Activities:** | | | | |
| Describe the testing/investigative activities that were performed (attach reports, as appropriate) | | | | |
|  | | | | |
| **Corrective Actions:** | | | | |
| Description of corrective actions | | | | |
|  | | | | |
| Describe status of complaints after corrective actions taken | | | | |
|  | | | | |
| **Follow-Up Actions:** | | | | |
| Describe additional follow-up actions needed (including additional testing/investigation) | | | | |
|  | | | | |
| Describe methods of communication with all affected parties | | | | |
|  | | | | |
| **Submitter:** | | | | |
| School District Representative: | | Phone Number or Email | | Date |
|  | |  | |  |