**Occupational Exposure Request Form**

**Appendix 1**

Please complete the following form, attach relevant risk assessment form(s), hazard data sheets & other technical information and return to the Health, Safety and Wellbeing Team – healthandsafety@ulster.ac.uk

1. **REQUEST FROM** (please provide an alternative contact where possible)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Tel: No. | Room / Campus | School / Department |
|  |  |  |  |
|  |  |  |  |

1. **SURVEY LOCATION**

|  |  |
| --- | --- |
| Room / Campus | Area: |
| Briefly describe the process which needs monitoring. |

1. **PLEASE INDICATE THE TYPE(S) OF MONITORING REQUIRED**

|  |  |  |
| --- | --- | --- |
| Air sampling for gas/vapour | Air sampling for gas/ vapour | Additional Information |
| Air sampling for dust/fume | Air sampling for dust/ fume |
| Noise (hazard/nuisance) | Noise(hazard/nuisance) |
| Ventilation (general/local) | Ventilation (general/local) |
| Thermal environment (comfort/stress) | Thermal environment (comfort/stress)   |
| Lighting / non-ionising radiation | Lighting/ non-ionising Radiation |
| Ionising Radiation | Ionising Radiation |
| Analysis/identification of substances | Analysis/ identication of substances |
| Other (please specify) | Other (please specify) |

* 1. **AUTHORISATION BY HEAD OF SCHOOL / DEPARTMENT**

|  |  |  |
| --- | --- | --- |
| Name: | Date: | Tel: No. |
|  |  |  |