

COMPANY INFORMATION

Full and correct name of your Company/Business?			
Physical address(es) of the site(s) which require the assessments?			
Has conducted work at your premises before?			
Accounts / Company Representative Name & Surname:		Contact Nr/s:	
		Email Address:	
Is it a single site or multiple sites?			
What is the approximate floor size of the areas requiring assessments?			
What are the processes conducted at the business?			
Do you have night-time processes?			
Approximately how many work areas/departments are requiring assessment and approximately how many employees are in each:			
Please provide the total number of male and female employees – this is part of our Department of Employment and Labour documentation: <u>Males:</u> <u>Females:</u>			

Which hygiene assessments do you require (please tick applicable fields)?

PHYSICAL STRESSORS				CHEMICAL STRESSORS			
Physical Stressors	YES v		Specifications	Chemical Stressors	YES v	How many Samples required?	Please specify type of material / chemical in use?
Day / Night Lighting	Day Lighting Only			Total Dust			
	Day & Night Lighting			Wood Dust			
Occupational Noise				Silica Dust			
Ventilation survey (Local Exhaust System) e.g. extraction				Solvents (VOCs)			
Indoor Air Quality survey				Isocyanates			
Ergonomics Risk Assessment				Acids			
Health Risk Assessment				Welding Fumes			
Health Facilities Audit				Diesel Emissions (e.g. carbon monoxide, carbon dioxide)			
Hazardous Biological Agents Assessment (swabs)				Diesel Particulate Matter			
Asbestos Inventory & Risk Assessment				Asbestos (personal) / bulk			
Hazardous Biological Agents Risk Assessment				Other			
Thermal Stress		Heat Stress					
		Cold Stress					
Environmental Noise							
Waste Management Audit				Where the above is not certain, we recommend a Hazardous Agents Risk Assessment of your premises to determine whether areas / employees require personal exposure monitoring. Do you require this assessment?			
Dust buckets							
Anything else not mentioned?							