County of Riverside Human Resources
Safety Loss Control Division

INDUSTRIAL HYGIENE SERVICE REQUEST FORM

Thank you for your concerns and request for our services. Please view the following instructions before submitting this request for processing.

1. Review the form below and gather as much of the requested information as possible.
2. Save the document for your records, email the request form directly to your department Safety Loss Control Coordinator or to the Safety General email SafetyDivision@rivco.org
3. Please use the following title for your email subject line in order to expedite your request. "Department Name, Industrial Hygiene Service Request."

Your request will be processed in a timely manner. If you do not hear from someone within 5 business days, please contact HR Safety Division at (951) 955-3520 as soon as possible.

Date of Request:

General Information			
Requestor Name:		Requestor Title:	
Requestor Phone:		Department/Division/Agency:	
Facility Address:	☐ County Owned ☐ Leased		
Primary Use of Building:	☐ Office ☐ Detention Facility ☐ Warehouse ☐ Other:		
Reason for Request:	☐ Air Quality ☐ Mold ☐ Temperature ☐ Physician Request ☐ Other (Please Explain)	☐ Noise ☐ Water Intrusion ☐ Odor ☐ Sewage Present	☐ Light ☐ Confined Space ☐ Pests Infestation ☐Worker's Comp. Request
Active Worker's Comp. Case:	☐ Yes ☐ No	If yes, list any work restrictions or comments:	
Conditions worsen at certain time of the day:	☐ Yes ☐ No	If yes, explain:	
Evidence of Present or Past Issues:	☐ Ceiling tile stains ☐ Water damaged walls ☐ Musty odors ☐Insects ☐ Other:		
Supervisor's Name:		Supervisor's Phone:	
OCCUPANT SYMPTOMS:	**NOTES (Attach additional sheets if needed)**		
☐ **Headaches**			
☐ **Nausea/Dizziness**			
☐ **Respiratory Symptoms**			
☐ **Other:**			
When did the symptoms start:		**Number of employees affected:**	