

Request for Access to Exposure Records

Employee Name _____ Date _____

Current Work Location _____ Phone _____

I request access to the exposure record(s) as specified below for: Chemical Radiation Noise
 Asbestos Other- specify _____

Job Assignment	Specific Work Location	Substance/Agent	Time Period From:	To:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To Be Completed if Employee is Requesting Record

Name _____ Signature _____ University ID # _____

To Be Completed if Employee Designates a Representative to Receive the Record

I hereby authorize the release of the above specified record to the following individual:

Name _____ Title _____

Address _____ Phone _____

To be Completed if Designated Representative is Requesting Record with unconsented access from employee

Name of Person Requesting Records _____ Signature _____

Name of Organization Represented: _____ Phone _____

Describe the occupational health need for gaining access to the specified record _____

To Be Completed By Individual Receiving the Record

I have received the record specified above.

Signature _____ Date Received _____

To Be Completed by Office Furnishing the Record

Date of Receipt of Request _____ Date Record was Furnished _____

Name of Person Providing Record _____

Signature of Person Providing Record _____

Reference: University of Iowa EHS Guideline and Procedures for Access to Employee Exposure and Medical Records, and Occupational Safety and Health Standards 29 CFR 1910.1020 and 29 CFR 1926.33.