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  ________________________________________________