

**U.S. NAVAL HOSPITAL, SIGONELLA
NAVAL BRANCH HEALTH CLINIC BAHRAIN
INDUSTRIAL HYGIENE DEPARTMENT
REQUEST FOR SUPPORT**

COMMAND NAME/UIC: _____

SHOP/WORK CENTER: _____

SUPERVISOR: _____

LOCATION: _____

PHONE NUMBER: _____

PERIODIC SURVEY DATE: _____

INSTRUCTIONS TO SUPERVISOR:

Please contact the U.S. Naval Hospital, Sigonella or Naval Branch Health Clinic, Bahrain, IH Department via your Safety Office, if any of the following changes occur:

- (1) Duration and/or frequency of operation has changed.
- (2) Duration and/or frequency of chemical usage has changed.
- (3) New hazardous materials are in use.
- (4) New equipment is to be purchased or is already in use.
- (5) New operations are planned or are being performed.
- (6) New or modified engineering designs are present or planned to be installed.
- (7) An operation noted as needing monitoring in the periodic IH survey will be conducted.
- (8) New Standard Operating Procedures exist or are planned for current processes.

Description: _____

Provide this form to your Safety office who will forward the information to us following a review of the change. Please send completed forms to the IH department email or address:

U.S. NAVAL HOSPITAL SIGONELLA
INDUSTRIAL HYGIENE DEPARTMENT
PSC 836 BOX 2670
FPO AE 09636
usn.sigonella.navyhospsigonellait.mesg.ih@mail.mil
DSN: 314-624-6735

U.S. NAVAL HOSPITAL SIGONELLA
NAVAL BRANCH HEALTH CLINIC BAHRAIN
INDUSTRIAL HYGIENE DEPARTMENT
PSC 851 BOX 340
FPO AE 09834-004
usn.bahrain.brhlthclinba.list.ih-division@mail.mil
DSN: 318-439-6844

Forwarded by: _____ Date: _____