



## **Supervisor Request for Air Monitoring Evaluation**

George Mason University supervisors may request an Occupational Air Monitoring Evaluation by filling out this form and returning it to the Environmental Health & Safety Office (EHS) at safety@gmu.edu.

SECTION 1 - SUPERVISOR CONTACT INFORMATION			
Last Name	First Name	MI G N	lumber
Department		Phone	Email
SECTION 2 - LOCATION INFORMATION			
Request Location: O Indoor O	outdoor		
Building Name			Room #
Work Area			
SECTION 3 - WORK AREA CONDITIONS			
Are affected employees in the Respiratory Protection Program? O Yes O No			
# of Employees Affected Emission Concern Type: O Particle O Chemical Vapor			
Describe work process and equipment used:			
Duration (In Minutes or Hours)	Frequency of Use (Per Da	y, Month, or Year)	
Name of Chemical Substance(s) Used (Send a copy of MSDS to EHS - Fax, Email, or Mail at MS 5E2)			
What type of Personal Protective Equipment (PPE) is used for this job?			
Describe any odors observed:			
If air quality varies by time of day, day of the week, or other conditions, please describe:			