

To: Boeing Industrial Hygienist

From:

Subject: **Industrial Hygiene Information Request**

Claimant Name, _____

Claimant SS#: _____

1) Employee's claimed medical condition: _____

2) What agent(s) is the employee claiming they were exposed to, that lead to this medical condition?

Specific chemical product(s): _____

Specific physical agent(s): _____

3) Where did the employee report they were working when the alleged exposure occurred?

Organization: _____ Building: _____ Column: _____ Job Title: _____

Supervisor: _____ Lead: _____

4) What specific jobs/activities did the employee state they were doing, or were occurring around them, when the alleged exposure occurred?

5) Did the employee report wearing protective equipment during these jobs/activities? _____

If so, what type of protective equipment did they report using? _____

6) During what date range did the employee report that the alleged exposure occurred?

7) For chemical agents, what was the employee's reported route of exposure (e.g. skin contact, inhalation, ingestion)? _____

Please provide the following information to assist in investigation of this claim:

- MSDSs for chemical products used by claimant
- Applicable HCIS for claimant's job(s)
- IH Comprehensive Survey Reports or documentation of other exposure assessments that are representative of claimant's potential exposure
- Accident/Injury reports that may relate to claimant's medical condition
- Boeing Toxicology Evaluations related to agents the employee was exposed to
- TSCA 8C Investigations related to agents the employee was exposed to
- Other: _____
- Please call for more information regarding this request

Sincerely,

Name: _____

Title: _____

Phone Number: _____