

# HSE SERVICE REQUEST

Health, Safety & Environment Department  
2024 E. Monument Street, Suite B-200  
Baltimore, MD 21205  
410.955.5918 • Fax 410.955.5929

DATE REQUESTED: \_\_\_\_\_

## SERVICES REQUESTED (Please Check)

Ergonomic Survey \_\_\_\_\_

Incident Investigation \_\_\_\_\_

Indoor Air Investigation \_\_\_\_\_

Laboratory Survey \_\_\_\_\_

Unsafe Condition \_\_\_\_\_

Food Survey \_\_\_\_\_

Job Analysis\* \_\_\_\_\_

*\*Requires Restriction Form be sent to HSE.*

Employee's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employee Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

Internal Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Comments: \_\_\_\_\_

NEEDS IMMEDIATE ATTENTION: \_\_\_\_\_ REASON: \_\_\_\_\_

### If applicable:

Incident location: \_\_\_\_\_ Room: \_\_\_\_\_ Department: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

### For HSE Use Only:

Date Received: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Date Completed: \_\_\_\_\_