

F. INDUSTRIAL HYGIENE SURVEYS

Industrial hygiene involves anticipating, recognizing, evaluating and controlling negative environmental factors in the workplace that might cause sickness or discomfort among workers. The objective of this Element is to eliminate (or at least reduce) the impact of negative environmental factors.

The following procedure serves to help identify conditions requiring industrial hygiene services that may be provided by an internal source or a contracted consultant. The Safety Coordinator or their designee is responsible for determining when industrial hygiene services are required when responding to industrial hygiene concerns or complaints. The *Industrial Hygiene Evaluation Report* and *Industrial Hygiene Evaluation Report Guideline* are utilized in making this determination. If a determination cannot be made by the Safety Coordinator or their designee after completing the *Industrial Hygiene Evaluation Report*, a contractor is requested to assist in the evaluation. All supervisors and employees are made aware of the procedures for obtaining these types of services during new employee safety orientation and via communication published and documented at least every two years. Records of communications are maintained for the current fiscal year and previous two. When industrial hygiene issues occur (indoor air quality concerns, excessive noise levels, visible mold, etc.) the following procedure applies:

1. The Safety Coordinator or their designee evaluates the issue as soon as possible.
 - a. For potentially serious situations, immediate administrative actions are taken to protect employees when there is a clear and present danger, up to and including the evacuation of the affected area or the entire building/facility. Any decision to close the office is made by the agency head or designee in consultation with the Office of Administration, in accordance with [Partial and Full Day Closings of State Offices, MD 530.17](#).
 - b. Information is gathered, evaluated, and documented by completing the *Industrial Hygiene Evaluation Report*. The report is to be completed by the agency safety coordinator and sent to the DGS safety coordinator. The *Industrial Hygiene Evaluation Report Guideline* should be utilized so that this process can be as efficient and effective as possible.
 - c. The designee and/or others involved in the review of industrial hygiene issues or reports are not to divulge confidential employee medical information regardless of the method of correction identified below.
2. Issues that are easily identifiable and/or correctable by building management, maintenance staff or housekeeping staff without the assistance of a sub-contracted safety consultant are to be corrected as soon as possible. Examples of such correctable actions include inadequate housekeeping procedures, HVAC repairs/maintenance, excessive noise, etc. All corrective actions will be documented and maintained on file.

3. Issues that are not easily identifiable or correctable may require the assistance of an industrial hygienist. In such cases, the *Industrial Hygiene Evaluation Report* will provide the basis for further action by the DGS Safety Coordinator. It is important to complete it as fully as possible.
 - a. For industrial hygiene issues occurring within a Department of General Services (DGS) managed building, the agency Safety Coordinator consults with the DGS safety coordinator. A prompt response by DGS should occur to the best of their ability before an outside contractor is contacted. For industrial hygiene issues that cannot be resolved by the DGS staff, one of the commonwealth's safety and health subcontractors will be contacted for assistance.
 - b. For industrial hygiene issues occurring in buildings not managed by DGS, the agency's Safety Coordinator or designee will conduct a preliminary evaluation and then contact their landlord since many lease agreements require the landlord to arrange and/or pay for these services. The commonwealth prefers that the landlord use the services of the commonwealth's consultants, but cannot mandate that course of action. If advice is desired, contact DGS, Bureau of Real Estate at 717-787-4394, for a suggested course of action with the landlord.
 - c. All documentation related to evaluations, reports, sampling results and corrective actions are maintained for a minimum of three years. In some cases, documentation directly related to employee medical and exposure records is maintained for the duration of employment plus 30 years.
4. Management, unions and affected employees will be notified of findings, recommendations and corrective actions pertaining to industrial hygiene related issues. Awareness or other appropriate training is to be provided to employees as needed to address industrial hygiene related issues.



Industrial Hygiene Evaluation Report

The Safety Coordinator or their designee shall complete this form when an industrial hygiene issue is reported. Please use the *Industrial Hygiene Investigation Report Guideline* to assist in the information collection phase and completion of this form. If the Safety Coordinator or Agency is unable to resolve the issue, contact your agency's Safety Liaison for assistance. Please attach any relevant documents (photos, drawings, incident reports, sampling results, etc.) and maintain the completed report on file.

Agency/Bureau/Division/Site		Address		
Number of Employees On-Site	Number of Employees Affected	Leased/Owned Facility		Building Manager Contacted
		<input type="checkbox"/> Leased	<input type="checkbox"/> Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Information				
Description of Complaint/Concern				
Health Symptoms				
Date/Time Symptoms First Occurred			Date/Time Symptoms First Reported	
Do Symptoms Still Exist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Day(s) Symptoms Exist		Seasonal	Season(s) Symptoms Exist
	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spring
	<input type="checkbox"/> Wed	<input type="checkbox"/> Fri		<input type="checkbox"/> Summer
	<input type="checkbox"/> Weekend			<input type="checkbox"/> Fall
				<input type="checkbox"/> Winter
Location of Employee				
Known/Suspected Causal Factors				
Has the Issue Been Resolved? Describe the Actions Taken.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Safety Coordinator/Designee		Phone Number		Date

Industrial Hygiene Evaluation Report Guideline

- I. Building Information:** Collect information related to the building structure and personnel.
 - a. Address: List the address where the industrial hygiene complaint/concern has occurred.
 - b. Number of Employees On-Site: List how many employees are on-site during a typical workday.
 - c. Number of Affected Employees: List how many employees are directly affected by the industrial hygiene complaint/concern.
 - d. Leased/Owned Facility: Is the building of concern leased or owned?
 - e. Building Manager Contacted: Has the building manager been contacted about the industrial hygiene complaint/concern?
 - f. Structure Material: What type of material was used to construct the building?
 - g. Constructed/Renovated: When was the building first constructed? Were there any renovations and when did they occur?
 - h. Number of Floors/Below Grade Areas: How many floors are within the building? Are there any below grade areas?
 - i. Number of Floors/Areas Affected: How many floors/areas are affected by the industrial hygiene complaint/concern?
 - j. Number of Heating Ventilation and Air Conditioning (HVAC) Units: How many HVAC units are operable in the building? Describe the maintenance schedule for the HVAC units.
 - k. Water Damage/Mold History: Was there any water or mold damage in the past and when? Was previous sampling performed by an industrial hygienist or other qualified individuals?
 - l. Operable Windows: Are the windows in the building fixed or operable?

- II. Description of Complaint/Concern:** Describe the complaint/concern and the impact it is having on the employee(s) and building environment.
 - a. Example: An employee on the second floor of the North Building is experiencing coughing and sneezing when the air handling unit turns on to supply air.
 - b. Example: Employees on the fourth floor of the South Building noticed visible mold growth on the wall behind the refrigerator.

- III. Health Symptoms:** Describe in detail the symptoms that each employee is experiencing. Please describe the specific symptoms, such as headache, sinusitis, upper respiratory, skin rash, fatigue, or other. Describe the magnitude of these symptoms.

- IV. Time Course:** Describe specifically when the employee(s) are experiencing their listed symptoms.
 - a. Date/Time Symptoms First Occurred: Specify as accurately as possible when the symptoms first occurred.
 - b. Date/Time Symptoms First Reported: Specify when the symptoms were first reported and who the complaint/concern was reported to.

- c. **On-Going Symptoms:** Is the employee still experiencing the listed symptoms? Are the symptoms improving, consistent, or worsening?
- d. **Days of the Week:** List each date of the week, including the weekend, in which symptoms occur.
- e. **Seasonal:** List each season in which symptoms occur.

V. Location of Employee(s): Describe in detail the characteristics of the location in which the employee works.

- a. **Specific Location:** Describe the location(s) where the complaint/concern exists (Building, Floor, Room, etc.)
- b. **Location Dimensions (ft²):** Define the approximate dimensions of the affected area(s).
- c. **New/Long Term Occupants:** List each occupant and the duration they have occupied the specific location.

VI. Known/Possible Causal Factors: Describe in detail any known/possible causal factors that may contribute to the industrial hygiene complaint/concern.

- a. **Previous Issues/Responses:** Describe any previous industrial hygiene investigations or responses which occurred in the building.
- b. **Hazard Identification:** Has a hazard been identified? If yes, please describe the hazard and if it has been eliminated.
- c. **Odors:** Are there any odors present? (musty, mold-like, smoke, etc.)
- d. **Water Intrusion/Leaks:** Describe any signs of water intrusion/leaks?
- e. **Internal/External Moisture Sources:** Describe any internal/external moisture sources in the impacted area(s).
- f. **Humidity:** Are there signs of excessive humidity?
- g. **Maintenance Procedures/Housekeeping:** Describe the daily, weekly, and monthly maintenance/housekeeping procedures.
- h. **Construction/Renovations:** Describe any past construction or renovations in the specified area? Has anything new been introduced to the workplace?
- i. **Chemical/Product Use:** List any chemicals or products used in or near the workplace.
- j. **Suspected/Visible Growth:** Describe any material containing suspected/visible mold growth. What are the approximate dimensions of the area?
- k. **Unique Activities:** List any uncommon events that may relate to the industrial hygiene complaint/concern.
- l. **Other:** Describe any other information that may contribute to the industrial hygiene investigation.

VII. Has the Issue Been Resolved: Describe the actions taken to resolve the industrial hygiene issue. Describe how the complaint/concern has been corrected. If the agency is unable to correct complaint/concern, a consultant and/or the Office of Administration may be contacted to help further assist in the investigation.