

**APPENDIX 1 - B**

**REQUEST FOR MONITORING**

Name: \_\_\_\_\_ PID No: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

Department: \_\_\_\_\_ CB#: \_\_\_\_\_

Lab Building: \_\_\_\_\_ Lab Room No. \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Employed by UNC Since: \_\_\_\_\_ In this laboratory: \_\_\_\_\_

Chemical for which monitoring is requested: \_\_\_\_\_

Describe how chemical is used in laboratory: \_\_\_\_\_

Describe operations for which monitoring is requested: \_\_\_\_\_

When (date and time) will operations be performed for which monitoring is requested?

\_\_\_\_\_

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

Please mail, deliver, fax, or e-mail this form to Environment, Health & Safety. Results will be sent within 15 days after monitoring results have been received.

Environment, Health & Safety  
1120 Estes Drive Extension, CB# 1650  
(p) 919-962-5507  
(f) 919-962-0227  
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