



# PROFESSIONAL REFERENCE QUESTIONNAIRE

## The Mark of Professionalism

An applicant's spouse or other relative, a person whom the applicant supervises, or a member of the Board may not act as a reference for an applicant. References are not accepted if written by the applicant.

Name of Applicant: \_\_\_\_\_ Completed by: \_\_\_\_\_

- Are you capable of providing an informed and objective description about the professional industrial hygiene work of the Applicant?  
 Yes     No
- Do you know of any reason why this Applicant should not be considered for certification?  Yes     No  
(Please explain "yes")

\_\_\_\_\_

- Please indicate the time periods during which you have personal knowledge of the Applicant's industrial hygiene work experience and the nature of your association with the Applicant:

From (MM/YY) - To (MM/YY)

_____	Supervisor	_____
_____	Colleague	_____
_____	Client	_____
_____	Professor	_____
_____	Other (describe)	_____

\_\_\_\_\_

**Industrial Hygiene** is the science and practice devoted to the anticipation, recognition, evaluation and control of those environmental factors and stresses arising in or from the workplace that may cause sickness, impaired health and well-being, or significant discomfort among workers and may also impact the general community. **Qualifying experience** means the individual has demonstrated professional level work experience including the ability (1) to anticipate and recognize workplace environmental factors and stresses (i.e. chemical, physical, biological, ergonomic) and to understand their effects on people and their well-being; (2) to evaluate, through observation, sampling and testing, the magnitude of these factors and stresses; (3) to prescribe methods (i.e. engineering, administrative, personal protective equipment, training) to prevent, eliminate, control or reduce such factors and stresses and their effects and (4) to manage industrial hygiene programs.

- In the following spaces, please describe the Applicant's industrial hygiene functions and activities for each position held during the time periods for which you have direct personal knowledge.

a. Position \_\_\_\_\_

Time Period \_\_\_\_\_

Date professional level (**not technician/technologist**) industrial hygiene practice began for this job \_\_\_\_\_

Average number of hours per week devoted to professional level industrial hygiene practice \_\_\_\_\_

What percentage of total work time is devoted to professional level industrial hygiene practice? \_\_\_\_\_

Describe specific industrial hygiene functions and activities including **health stressors** (i.e. chemical, physical, biological, ergonomic) and work operations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Position \_\_\_\_\_  
Time period \_\_\_\_\_  
Date professional level (**not technician/technologist**) industrial hygiene practice began for this job \_\_\_\_\_  
Average number of hours per week devoted to professional level industrial hygiene practice \_\_\_\_\_  
What percentage of total work time is devoted to professional level industrial hygiene practice? \_\_\_\_\_  
Describe specific industrial hygiene functions and activities including **health stressors** and work operations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe the Applicant's ability to perform with independent technical responsibility and identify any significant technical deficiencies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does the Applicant conduct industrial hygiene activities in a manner consistent with the Code of Ethics ([www.abih.org/general](http://www.abih.org/general))?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe, if you would like to elaborate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I attest that I personally composed this Professional Reference Questionnaire and that the information it contains is true, complete and accurate, to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**If you are certified by the American Board of Industrial Hygiene or at the professional level by an organization whose industrial/occupational scheme is recognized by the International Occupational Hygiene Association (IOHA), please show your certificate number or stamp.**

Certificate Number \_\_\_\_\_

**THIS QUESTIONNAIRE IS TO BE COMPLETED BY THE REFERENCE ONLY AND MUST BE MAILED/FAXED BY THE REFERENCE DIRECTLY TO ABIH. ALL references and supporting materials must be postmarked no later than February 1 immediately preceding the Spring examinations, and no later than August 1 immediately preceding the Fall examinations.** Return to American Board of Industrial Hygiene, 6015 West. St. Joseph, Suite 102, Lansing, MI 48917 or Fax to (517) 321-4624