PROFESSIONAL REFERENCE QUESTIONNAIRE (PRQ)

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

Name of Applicant: ________________________________  Completed by: ____________________________________

1. Are you capable of providing an informed and objective description about the professional industrial hygiene work of the Applicant?  
   _______ Yes  _______ No

2. Do you know of any reason why this Applicant should not be considered for certification? _______ Yes  _______ No  
   (Please explain "yes")

3. 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)

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**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.

4. 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/ethics)?

   _____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/EMAILLED BY THE REFERENCE DIRECTLY TO BGC. 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 Board for Global EHS Credentialing, 6005 West St. Joseph Hwy., Suite 300, Lansing, MI 48917, or Fax to (517) 321-4624 or email to applications@GoBGC.org.

January 2021