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/EMAILD 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 info@ehscredentialing.org.

August 2019