

**CHANGE-OF-OPERATIONS NOTIFICATION FORM**

**SUPERVISOR:** \_\_\_\_\_ **EXT:** \_\_\_\_\_ **BLDG:** \_\_\_\_\_

**COMMAND:** \_\_\_\_\_ **WORK CENTER:** \_\_\_\_\_

**IH SURVEY DATE:** \_\_\_\_\_

**INSTRUCTIONS TO FOREMAN/SUPERVISOR**

The industrial hygiene survey evaluates potential hazards to your employees based on the operations existing at the time of the survey. When your operations change, the potential hazards can also change. These new conditions must be evaluated. Supervisor(s) must complete this form and return it to the Industrial Hygiene Department at Naval Health Clinic- Patuxent River, if any of the following occur:

- a. Chemical exposure times have increased/decreased during the operation.
- b. New chemical products are used, handled and/or stored at the facility.
- c. New manual/automatic tools/equipment are used at the worksite.
- d. Increased use of chemicals during operations.
- e. A modification or repairs to existing local exhaust ventilation system(s).

List any changes below.

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Send this form by base mail or guard mail to:

Industrial Hygiene Department, Bldg. 436  
Naval Health Clinic, Patuxent River  
47149 Buse Road  
Patuxent River, MD 20670-1540

Date submitted: \_\_\_\_\_