NEA Work Request Form

Project/Job Information:

Project/Job # ______________________

1. Description of work:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Date(s) Work Performed: __________

Location: ____________________________________________

Bldg/Site    City    State

Based on the information herein, worker exposures during the current job described above are not
expected to exceed the Permissible Exposure Limits, based on comparison of the current job to the Initial
Exposure Assessment and annual updates.

Name:_____________________________Signature:___________________________Date:_____
[PRINT name of competent person]

Phone Number:____________________

Worker 1________________________[PRINT name]
Worker 2________________________[PRINT name]
Worker 3________________________[PRINT name]

E-Mail or Fax or Mail Last Page
of completed NEA form to:          USC Hazmat
hazmat@sc.edu                     c/o Tonicia Jacobs

Fax: 803-777-3990                   Phone: 803-777-6175