

1. To add your business to the Industrial Hygiene Directory of Service Providers, please complete this form.

2. Name of business:

Address		City/Town		Postal Code
Telephone #	Fax #	Website	Contact Person	
		Email		

3. Permanent business location address:

Address		City/Town		Postal Code
Telephone #	Fax #	Website	Contact Person	
		Email		

4. Alternate business locations throughout Newfoundland and Labrador:

Address		City/Town		Postal Code
Telephone #	Fax #	Website	Contact Person	
		Email		

Address		City/Town		Postal Code
Telephone #	Fax #	Website	Contact Person	
		Email		

Address		City/Town		Postal Code
Telephone #	Fax #	Website	Contact Person	
		Email		

5. If you have a permanent location are you willing to have representatives travel throughout the province? Yes No

6. Please check all services offered:

- | | |
|--|---|
| <input type="checkbox"/> Noise assessments | <input type="checkbox"/> Hearing conservation program development |
| <input type="checkbox"/> Audiometric testing | <input type="checkbox"/> Asbestos assessments (e.g. Sampling) |
| <input type="checkbox"/> Asbestos management plan development | <input type="checkbox"/> Asbestos abatement one day training session |
| <input type="checkbox"/> Asbestos abatement three day training session | <input type="checkbox"/> Mould assessments (e.g. Sampling and moisture measurements) |
| <input type="checkbox"/> Mould awareness education and training | <input type="checkbox"/> Industrial hygiene assessment (e.g. Air sampling for chemicals such as lead) |
| <input type="checkbox"/> Lead awareness training | <input type="checkbox"/> Occupational health surveillance (e.g. Chest x-rays) |
| <input type="checkbox"/> Ventilation assessments | <input type="checkbox"/> Fume hood ventilation testing |
| <input type="checkbox"/> Indoor air quality assessments | <input type="checkbox"/> WHMIS training |
| <input type="checkbox"/> Respirator fit-testing | <input type="checkbox"/> Breathing air purity analysis |
| <input type="checkbox"/> Respiratory protection program development | <input type="checkbox"/> Forklift emissions testing |
| <input type="checkbox"/> Other: (Please specify) _____ | |