



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION
HIOSH COMMITTEE

Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Occupational Safety and Health Professional
INSTRUCTION SHEET FOR REFERENCE QUESTIONNAIRE FORM

Instructions

Please completely fill out the REFERENCE QUESTIONNAIRE FORM.

1. All applications must contain evidence that you have helped employers reduce their injury/illness incidence rates and workers' compensation costs.
2. If you are applying for certifications and are self employed, you still have to fill out a reference form for yourself and submit it with examples of your work that demonstrates that the requirements of §12-58-2 have been met.
3. Your application and the fee remains active for six months from the time it is received by the committee. Within this six month period your application should be processed and you should have received word from the committee on whether your application has been accepted or not. If the committee requires more information from you, you will be notified and given a time period in which to respond to the committee (it is very important that you respond with the additional information promptly when requested). It is also very important that you remind those whom you chose to fill out a reference for you to turn it in promptly - we sometimes receive applications and have to wait months for the reference forms to come in.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Phone: (808) 586-9116

Delivery via Fax

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
(808) 586-9104



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Occupational Safety and Health Professional
REFERENCE QUESTIONNAIRE FORM

FORM MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

Dear _____ ,
Name of Reference

_____ has applied to the HIOSH Committee for Certification
Name of Applicant

of Occupational Safety and Health Professionals and has forwarded this questionnaire to you for completion as a reference. Please give each applicable question your careful consideration. A prompt reply within 10 days will be appreciated by the applicant and the committee.

1) I have personal knowledge upon which to evaluate the applicant's occupational safety and health capabilities from _____ to _____. <i>month/year month/year</i>	
2) What has been the nature of your association?	<input type="checkbox"/> Current Supervisor <input type="checkbox"/> Friend/Acquaintance <input type="checkbox"/> Past Supervisor <input type="checkbox"/> Other _____ <input type="checkbox"/> Co-Worker _____
3) Are you related to the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain</i>
4) Please describe the applicant's position and responsibilities in occupational safety or health. <i>(use separate sheet if necessary)</i>	
5) For what period of time are you providing this reference? _____ / _____ / _____ to _____ / _____ / _____. Month Day Year Month Day Year	

REFERENCE QUESTIONNAIRE FORM

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6) Is (was) the position full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No
7) What percent of the applicant's time is (was) devoted to occupational safety or health activities while serving in this position? _____ %
8) Please describe the applicant's ability to carry out occupational safety or health activities or functions. (<i>use separate sheet if necessary</i>)
9) Additional remarks, amplifying information or special accomplishments (<i>use separate sheet if necessary</i>)

Signature	Date			
Printed Name	Title			
Company	Division			
Street Address	City	State	Zip	
Telephone Number (Include Area Code) ()				

If you are a Certified Industrial Hygienist, or a Certified Safety Professional, please provide your certificate number.

CIH Certificate Number	CSP Certificate Number
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PLEASE RETURN THIS QUESTIONNAIRE TO:

**HIOSH COMMITTEE
830 PUNCHBOWL STREET, ROOM 425
HONOLULU, HAWAII 96813**