

Employee Information Request Form

This form is provided to assist employees in requesting information from the Safety and Health Designee concerning the health and safety hazards of hazardous materials found in their workplace.

PLEASE PRINT:

Name		Work Location	
Job Title		Ext. #	
Supervisor			

Describe briefly the Hazardous Material you are exposed to:

Trade Name	
Chemical Name or Ingredients (if known)	
Manufacturer's Name and Address (if known)	

Does substance have a label	Yes	NO	
Physical form of substance	Solid Gas	Dust Other	Liquid
Any other information that will identify the substance (circumstances of exposure, other characteristics of the substance, etc.)			
Reason for request			

If you have specific questions, write them below

Signature		Received By	
Date		Date & Time	

Please fill in all the information you can. If unknown, leave blank