Request for a Health Hazard Evaluation

This form also is available at http://www.cdc.gov/niosh/hheform.html

Form Approved
OMB No. 0920-0260
Exp. Xx/xx/2015

Workplace Name_____ Workplace Address ____ Citv State Zip Code What type of work is done at this location? How many people work at this location? O 3 or less O 50-99 O 100-249 O 250 or more 0 4-9 0 10-49 Who is responsible for employee health and safety in this workplace? Name_____ Title_____ Phone number_____ What hazardous substances, agents, or work conditions are of concern? If known, please include chemical names, trade names, manufacturer name, or other identifying information. How are employees exposed? O Breathing O Skin Contact O Swallowing O Other (Explain:) In what work area, such as a building or department, is the hazard? How many people work in this area? O 50-99 O 100-249 O 3 or less 0 4-9 O 10-49 O 250 or more Describe the work people do in this area: What health concerns do people in this work area have? Information about you Name (please print):_____ Your signature: _____ Address ____ Street City State Zip Code Phone number where you would like to be called: (_____) _____ Best time to call: a.m. or p.m. Email address where you would like to be contacted: Please check one: O I am a current employee and 3 or fewer employees are exposed to the hazard. O I am a current employee and more than 3 employees are exposed to the hazard.

Public reporting burden of this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-0260).

*If you check this box, two other employees need to sign this form and provide their contact information.

Second employee		
Name (Please print):	_	
Signature:		
Address		
Street City	State	Zip Code
Phone number where you would like to be called: ()		
Best time to call: a.m. or p.m.		
Email address where you would like to be contacted:		
Can NIOSH reveal your name to the employers? O No O Yes	S	
Third Employee		
Name (Please print):	_	
Signature:		
Address:		
Street City	State	Zip Code
Phone number where you would like to be called: ()		
Best time to call: a.m. or p.m.		
Email address where you would like to be contacted: Can NIOSH reveal your name to the employers? O No O Yes		
Can NIOSH reveal your name to the employers? O No O Yes	3	
Name of union:		
Complete this section if you are a union representative Name of union: Address: Street City What is your position in the union:	State	Zip Code
Name of union: Address: Street City What is your position in the union:	State	•
Name of union: Address: Street City What is your position in the union: Complete this section if you are an employer representative	State	
Name of union: Address: Street City What is your position in the union: Complete this section if you are an employer representative Name:	State	· · · · · · · · · · · · · · · · · · ·
Name of union: Address: Street City What is your position in the union: Complete this section if you are an employer representative Name: What is your position in the company, agency, or organization?	State	· · · · · · · · · · · · · · · · · · ·
Name of union:	State	
Name of union: Address: Street City What is your position in the union: Complete this section if you are an employer representative Name: What is your position in the company, agency, or organization? For everyone Has another government agency evaluated this workplace? O No	State	· · · · · · · · · · · · · · · · · · ·
Name of union:	State O Yes	O Do not know
Name of union: Address: Street City What is your position in the union: Complete this section if you are an employer representative Name: What is your position in the company, agency, or organization? For everyone Has another government agency evaluated this workplace? O No If yes: What agency?	State O Yes	O Do not know
Name of union:	State O Yes	O Do not know
Name of union:	State O Yes	O Do not know
Name of union:	State O Yes	O Do not know
Name of union: Address: Street City What is your position in the union: Complete this section if you are an employer representative Name: What is your position in the company, agency, or organization? For everyone Has another government agency evaluated this workplace? O No If yes: What agency? What year was the evaluation done? O Check here if this evaluation is underway now Is a request for the hazard being filed with another agency? O No If yes:	O Yes O Yes	O Do not know
Name of union:	O Yes O Yes	O Do not know
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If you have questions about this form, call us at (513) 841-4282 or send us an email at HHERequestHelp@cdc.gov. To submit this form by fax, send it to (513) 841-4488.

To submit this form by mail, send it to: National Institute for Occupational Safety and Health

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