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/yyyy

Street	City		State	Zip Code
What type of work is done at this location?				
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	
Who is responsible for employee health and lame Title	d safety in this wo	rkplace?	Phone number	
Vhat hazardous substances, agents, or wor ames, manufacturer name, or other identi	fying information		own, please include	
How are employees exposed?				
O Breathing O Skin Contact	O Swallowing	g O Otł	ner (Explain :	
n what work area, such as a building or dep	partment, is the ha	azard?		
low many people work in this area?				
0 3 or less	O 50-99	O 100-249	O 250 or more	
Describe the work people do in this area:				
Vhat health concerns do people in this wor	k area have?			
nformation about you				
lame (please print):			-	
our signature:			_	
AddressStreet	City		State	Zip Code
rhone number where you would like to be o	•			p
sest time to call: a.m				
	- 1			
mail address where you would like to be co	ontacted:			

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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, 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 C) Yes	
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 C) Yes	
Complete this section if you are a union representative Name of union:		
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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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