

Attachment G: Sample Employee Contact Information Postcard



The National Institute for Occupational Safety and Health (NIOSH) is evaluating possible health hazards at Insert Company Name. We are asking you to wear a sampling device or to let us sample your clothing or personal protective equipment. If you do, we want to send you a letter with your results. Results with your name will not be shared with anyone but you. Your information will be protected according to Federal regulations.

Use the tab on the side of this card to tell us your name and mailing address. If your address changes please send an e-mail to HHERequestHelp@cdc.gov. You can also contact PO's Name at [Email](#) or Direct Phone # of PO if you have any questions. Someone will respond within 2 business days. Thank you for helping.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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).



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Please print your name:

First

Last

Please initial here _____ if you do not want to give NIOSH your mailing address. This means you will not automatically receive your sample results.

If you want your sampling results sent to you, please print your mailing address below:

Street: _____

City: _____

State: _____ Zip: _____

<u>For Use By NIOSH Project Officer</u>	
Sample number(s): _____	
HHE: xxxx-xxxx Sequence #: xxxxx	Participant ID #: _____

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