

## **Request for a Health Hazard Evaluation**

Form Approved

OMB No. 0920-0260

Exp. 01/31/2027

This form also is available at https://www.cdc.gov/niosh/hhe/request.html

Workplace Name				
Workplace Address				
Street	City		State	Zip Code
What type of work is done at this location?				
How many people work at this location?				
O 3 or less O 4-9 O 10-49	O 50-99	O 100-249	O 250 or mo	ore
· · · · · · · · · · · · · · · · · · ·	e for employee health and safety in this workplace? Title			
What hazardous substances, agents, or wor trade names, manufacturer name, or other			known, please incl	ude chemical names,
What health concerns do people in this wor	k area have?			
n what work area, such as a building or dep	partment, is the h	nazard?		
How many people work <b>in this area</b> ? O 3 on Describe the work people do in this area.	or less O 4-9	O 10-49 O	50-99 O 100-2	.49 O 250 or mor
Complete this section if you are ar	n employee si	ubmitting a	request	
(See page 2 if you are a union or employ		_		
Name (please print):				
Name (piease print)				
Address where we can send you informatio	n?			
·	Street	(	City Sta	te Zip Code
Phone number where you would like to be	called: ( )		•	·
Best time to call:			<del></del>	
Email address where you would like to be co				
, Can NIOSH reveal your name to your emplo		No	Yes	
Please check one:	•			
I am a current employee and 3 o	r fewer employe	es are exposed	to the hazard.	
O I am a current employee and mo		•		
If you check this box, two other				heir contact informat

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).

Second employee					
Name (Please print):			-		
Address where we can send you information?					7: CI-
Phono number where you would like to be called: /	Street	•		State	Zip Code
Phone number where you would like to be called: (_ Best time to call: a.m. or					
Email address where you would like to be contacted	p.m.				
Can NIOSH reveal your name to your employer?		O Yes			
Third Employee	0 110	0.00			
Name (Please print):			-		
Address where we can send you information?					
. ,	Street			State	Zip Code
Phone number where you would like to be called: (_	)				
Best time to call: a.m. or					
Email address where you would like to be contacted	:				
Can NIOSH reveal your name to your employer?	No	O Yes			
Name of union:Address:					
Street City			State	Zip Code	
What is your position in the union?					
Complete this section if you are an emplo	oyer repr	esentative			
Name:					
What is your position in the company, agency, or org	ganization?				
For everyone					
Has another government agency evaluated this world	kplace?	O No	o <sub>Yes</sub>	0 [	Do not know
If yes:					
What was was the application days?					
What year was the evaluation done? O Check here if this evaluation is underway					
Is a request for the hazard being filed with another a		O No	O Yes	۱۵	Do not know
If yes:	-DC11091	5110	0 103	01	20 HOURIOW
What agency?					
How did you learn about the NIOSH Health Hazard E					
•		in :			
O CDC 1-800 number O Union O Coworker	s O Com	pany official			
O Trade/industry/union magazine or newsletter	O Othe	r (Explain :			

To submit this form by email, save the completed form to your computer and send it as an email attachment to <a href="https://

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

1090 Tusculum Ave, MS R-9 Cincinnati, Ohio 45226-1998

