Request for a Health Hazard Evaluation

Form Approved
OMB No. 0920-0260
Exp. 11/30/2017

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

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 3 or less O 4-9 O 10-49 O 50-99 O 100-249 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 where we can send you information? _____
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 your employer? O No O Yes
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.
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 where we can send you information? _____

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 your employer? O No O Yes

Third Employee

Name (Please print): _____

Signature: _____

Address where we can send you information? _____

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 your employer? O No O Yes

Complete this section if you are a union representative

Name of union: _____

Address: _____

Street City State Zip Code

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 O Yes O Do not know

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 O Yes O Do not know

If yes:

What agency? _____

How did you learn about the NIOSH Health Hazard Evaluation Program?

O NIOSH website O Facebook O Other website (Explain :_____)

O CDC 1-800 number O Union O Coworkers O Company official

O Trade/industry/union magazine or newsletter O Other (Explain :_____)

If you have questions about this form, call us at (513) 841-4382 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
1090 Tusculum Ave, MS R-9
Cincinnati, Ohio 45226-1998

Thank you for submitting this form. You will get a response from us within 10 days.