

Request for a Health Hazard Evaluation

Form Approved
OMB No. 0920-0260
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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**?

3 or less 4-9 10-49 50-99 100-249 250 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?

Breathing Skin Contact Swallowing Other (Explain : _____)

In what work area, such as a building or department, is the hazard? _____

How many people work **in this area**?

3 or less 4-9 10-49 50-99 100-249 250 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? No Yes

Please check one:

I am a current employee and 3 or fewer employees are exposed to the hazard.

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? No 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? No 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? No Yes Do not know

If yes:

What agency? _____

What year was the evaluation done? _____

Check here if this evaluation is underway now

Is a request for the hazard being filed with another agency? No Yes Do not know

If yes:

What agency? _____

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

NIOSH website Facebook Other website (Explain : _____)

CDC 1-800 number Union Coworkers Company official

Trade/industry/union magazine or newsletter 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
4676 Columbia Parkway, MS R-9
Cincinnati, Ohio 45226

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