

Request for Health Hazard Evaluation (HHE)

(also available at: www.cdc.gov/niosh/hheform.html)

Establishment Where Possible Hazard Exists

- 1 Company Name: _____
- 2 Address: _____
City: _____ State: _____ Zip Code: _____
- 3 What product or service is provided at this workplace? _____

- 4 Specify the particular work area, such as building or department, where the possible hazard exists:

- 5 How many employees are exposed? _____ 6 Duration of exposure (hrs/day)? _____
- 7 What are the occupations of the exposed employees; what is the process/task?
 - a) Occupations: _____
 - b) Process/task: _____
- 8 To your knowledge, has NIOSH, OSHA, MSHA, or any other government agency previously evaluated this workplace? YES NO
- 9 Is a similar request currently being filed with, or is the problem under investigation by, any other local, state, or federal agency? YES NO
- 10 If either question 8 or 9 is answered yes, give the name and location of each agency. _____

- 11 Which company official is responsible for employee health and safety?
Name: _____ Title: _____ Phone: _____
- 12 How did you learn about the NIOSH HHE program? Company representative Co-worker
 Union Other employee representative NIOSH Website CDC 800 Number (CDC-INFO)
 News media (TV, radio, newspaper, magazine) Other (please list) _____

Description of the Possible Hazard or Problem

- 13 Please list all substances, agents, or work conditions that you believe may contribute to the possible health hazard. (Include chemical names, trade names, manufacturer, or other identifying information, as appropriate.) _____

- 14 In what physical form(s) do(es) the substance exist? Dust Gas Liquid Mist Other
- 15 How are the affected employees exposed? (route of exposure) Breathing Skin contact
 Swallowing Other (please list) _____

[Send completed form to address listed on the reverse side]

16 What health problem(s) do employees have as a result of these exposures? (Please circle the one of most concern.) _____

17 Use the space below to supply any additional relevant information. _____

Submitting the HHE Request

18 Requester's Signature: _____ Date: _____

19 Type or print name: _____

20 Address: _____

City: _____ State: _____ Zip Code: _____

21 a) Business phone: _____ b) Home phone: _____

c) Best time of day to call: _____ d) E-mail: _____

22 Check and complete only one of the following three boxes:

I am a **current employee** of the employer, and an **authorized representative of two or more* other current employees** in the workplace where the exposures are found. Two additional employee signatures are required for a valid request.*

*Additional signatures are not necessary if you are 1 of 3 or fewer employees in the affected workplace.

Please provide additional signatures.

Signature: _____

Phone: _____

E-mail: _____

Signature: _____

Phone: _____

E-mail: _____

I am an authorized representative, or an officer of the **union** or other organization representing the employees for collective bargaining purposes.

Name and address of this organization:

I am an employer representative.

Title:

23 Please indicate your desire:

I do not want my name revealed to the employer.

My name may be revealed to the employer.

SEND COMPLETED FORM TO:

**National Institute for Occupational Safety and Health
Hazard Evaluation and Technical Assistance Branch
4676 Columbia Parkway, Mail Stop R-9
Cincinnati, OH 45226-1988**

Phone: (513) 841-4382

Fax: (513) 841-4488