
Request for Health Hazard Evaluation (HHE) (Internet version 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 NIOSH 1-800 Number 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(s) 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: _____

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

<input type="checkbox"/> 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.*	Please provide additional signatures Signature: _____ Phone: _____
<small>*Additional signatures are not necessary if you are one of 3 or fewer employees in the affected workplace</small>	Signature: _____ Phone: _____

<input type="checkbox"/> I am an authorized representative of, or an officer of the union or other organization representing the employees for collective bargaining purposes.	Name and address of this organization: _____ _____ _____
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<input type="checkbox"/> I am an employer representative.	Title: _____
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- 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 Evaluations and Technical Assistance Branch
4676 Columbia Parkway, Mail Stop R-9
Cincinnati, Ohio 45226-1988**

Phone: (513) 841-4382 FAX: (513) 841-4488

STATEMENT OF AUTHORITY: Sections 20(a)(3-6) of the Occupational Safety and Health Act (29 USC 669(a)(6-9)), and Section 501(a)(11) of the Federal Mine Safety and Health Act (30 USC 951(a)(11)). The identity of the requester will not be revealed if he or she so indicates on the application form in accordance with the provisions of 42 CFR Part 85.7. The voluntary cooperation of the respondent requester is required to initiate the Health Hazard Evaluation.