

THE "RIGHT TO KNOW" LAW
EMPLOYEE INFORMATION REQUEST FORM

This form is provided to assist employees in requesting information concerning the health and safety hazards of toxic substances found in their workplace. Upon completion of the form, return it to your supervisor, who will, in turn, forward it to Environmental Health and Safety.

Please Print:

1. Name _____ 3. Work Location _____
2. Job Title _____ 4. Phone Number _____
5. Supervisor _____

Describe briefly the toxic substance you are exposed to:

1. Trade Name _____
2. Chemical Name or Ingredients (if known) _____

3. Manufacturer's Name and Address _____

4. Does Substance Have a Label _____ Yes _____ No
If yes, attach a label or a copy of all information appearing on the label.
5. Physical form of substance: ___ Gas ___ Liquid ___ Solid ___ Dust
_____ Other
6. Any other information which will identify the substance or its contents

7. If you have specific questions concerning this substance, please state

Your Signature

Supervisor's Signature

For EH&S Use

Received by _____

Date / Time _____

Reply Sent _____