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_______________________