



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH WORKPLACE HAZARD ASSESSMENT PROGRAM REQUEST FORM

Instructions: Please provide as much information as possible and ensure that accurate contact information is provided so a staff member can respond to your request. All submitted information will be kept confidential.

Date:

Requestor's Name:

Address:

Contact Telephone:

E-mail Address:

Indicate the one category that best describes your connection to the workplace for which you are requesting a workplace hazard assessment.

- Employer or employer representative
- Authorized representative of or an officer of the union or other organization representing the employees for collective bargaining purposes.
- Physician treating a current employee

How did you learn of the Connecticut Department of Public Health Workplace Hazard Assessment Program?

Employer Information:

Company Name:

Address of Company:

Company contact person and title:

Telephone:

What product or service is provided at this workplace?

Specify the particular worksite, such as building or department, where the possible hazard exists:

How many workers are exposed?

Duration of exposure, number of shifts (hours/day)?

What are the occupations of the exposed employees?

What is the process/tasks that exposes those employees?

To your knowledge, has NIOSH, OSHA, or any other government agency previously evaluated this workplace? If yes, explain.

Is a similar request currently being filed with, or is the problem under investigation by, any other local, state, or federal agency? If yes, explain

Description of the Possible Hazard or Problem

Please list all substances, agents, or work conditions, which you believe may contribute to the possible health hazard. (Include chemical name, trade name, manufacturer or other information, as appropriate.)

What health problem(s) do employees have as a result of these exposures?

In what physical form(s) do(es) the substance(s) exist? Please specify solid, dust, gas, liquid, mist, or other.

How are the affected employees exposed (route of exposure)? Please specify inhalation, skin contact, ingestion, or unknown.

Is the employer aware of the exposure?

Any other additional information?

Please review your answers before submitting.