



Office of Environmental Health and Safety

**HAZARD COMMUNICATION PROGRAM
INFORMATION REQUEST FORM**

Date of Employee Request: _____

Employee's Department: _____

Employee's Name: _____

Description of Document (s) Requested:
(e.g. SDS, Chemical Inventory, Copy of written EHS policies)

Signature of Requesting Employee: _____

Signature of Employee's Supervisor: _____

Signature of Director EHS: _____

Date: _____

Employee: Please give this request form to your supervisor. Be specific when requesting information regarding chemicals. You will need to provide exact name of the product and a manufacture if possible.

Supervisor: Please assist providing any of the information request than forward this document to the Environmental Health and Safety Office as an email attachment or you can send a hard copy in the mail.