



**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.