HAZARDOUS SUBSTANCE SURVEY FORM

Pennsylvania Worker & Community Right to Know Act: Option 1

PART I

1. NAME OF EMPLOYER

2. FEDERAL EMPLOYER IDENTIFICATION NUMBER

4. WORKPLACE COVERED BY THIS FORM

3. DIVISION OR PLANT NAME

5. STREET ADDRESS OF WORKPLACE

CITY

STATE

ZIP CODE

6. MAILING ADDRESS (IF DIFFERENT)

7. TELEPHONE NUMBER

8. COUNTY NAME

COUNTY CODE

DATE

TITLE

9. NAME OF EMPLOYER OR EMPLOYEE REPRESENTATIVE

10. BUSINESS ADDRESS OF SIGNATORY

11. ALL HAZARDOUS SUBSTANCES PRESENT AT WORKPLACE DURING PRIOR YEAR: FROM THRU

12. SIGNATURE OF EMPLOYER OR EMPLOYEE REPRESENTATIVE

E   INDICATES ENVIRONMENTAL HAZARDS

S   INDICATES SPECIAL HAZARDOUS SUBSTANCE

 

PHYSICAL & HEALTH HAZARD(S)

(C)

CHECK ALL THAT APPLY

LIST PRODUCT NAME, THEN LIST THE

CHEMICAL NAME OF HAZARDOUS

INGREDIENTS (B)

CHEMICAL ABSTRACTS

SERVICE NUMBER

(A)

  

  

  

DELAYED

(CHRONIC)

IMMEDIATE

(ACUTE)

REACTIVITY

SUDDEN RELEASE

FIRE

  

**\* Physical & health hazards (fire, sudden release of pressure, reactivity, immediate or acute, delayed or chronic) may be found on the product label and Material Safety Data Sheet.**

 HAZARDOUS SUBSTANCE SURVEY FORM

Pennsylvania Worker & Community Right to Know Act: Option 1

PART 2

2. FEDERAL EMPLOYER IDENTIFICATION NUMBER

1. NAME OF EMPLOYER

DATE

3. WORKPLACE COVERED BY THIS FORM

DATE

E   INDICATES ENVIRONMENTAL HAZARDS

S   INDICATES SPECIAL HAZARDOUS SUBSTANCE

 

PHYSICAL & HEALTH HAZARD(S)

(C)

CHECK ALL THAT APPLY

LIST PRODUCT NAME, THEN LIST THE

CHEMICAL NAME OF HAZARDOUS

INGREDIENTS (B)

CHEMICAL ABSTRACTS

SERVICE NUMBER

(A)

  

  

  

DELAYED

(CHRONIC)

IMMEDIATE

(ACUTE)

REACTIVITY

SUDDEN RELEASE

FIRE

  

**\* Physical & health hazards (fire, sudden release of pressure, reactivity, immediate or acute, delayed, or chronic) may be found on the product label and Material Safety Data Sheet.**