

"RIGHT TO KNOW" BILL  
EMPLOYEE INFORMATION REQUEST FORM

8111-E

This form is provided to assist employees in requesting information from their employer concerning the health and safety hazards of toxic substances found in the workplace. **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 (Name and address, if known)  
\_\_\_\_\_

4. Does substance have a label?  Yes  No

(If yes, attach a label or a copy of information on label)

5. Physical form of substance:  Gas  Liquid  Solid  Dust  
\_\_\_\_\_ Other

6. Any other information which will identify the substance (the circumstances of exposure, other characteristics of the substance, etc.).  
\_\_\_\_\_  
\_\_\_\_\_

7. If you have specific questions, write them below.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**Received by:**

Employee Representative \_\_\_\_\_

Date \_\_\_\_\_ Hour \_\_\_\_\_

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(PLEASE FILL IN ALL THE INFORMATION YOU CAN. IF UNKNOWN, LEAVE BLANK.)