pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

HAZARDOUS SUBSTANCE SURVEY FORM
Pennsylvania Worker and Community Right To Know Act: Option 1

PART 1

1. Name of employer		2. Federal Employer Identification Number	
3. Division or plant name		4. Workplace covered by this form	
5. Street address of workplace		City	State / ZIP
6. Mailing address (if different)			
7. Telephone number	8. County name	County code	
9. Name of employer or employer representative		Title	Date
10. Business address of signatory			
11. All hazardous substances present at workplace during prior year:	From	Thru	
12. Signature of employer or employer representative			

E •• INDICATES ENVIRONMENTAL HAZARDS

S •• INDICATES SPECIAL HAZARDOUS SUBSTANCE

E	S	Chemical Abstracts Service Number (A)	List Product Name, Then List The Chemical Name Of Hazardous Ingredient(s) (B)	Physical and Health Hazard(s)* (C) (Check all that apply)				
				Fire	Sudden Release Of Pressure	Reactivity	Immediate (Acute)	Delayed (Chronic)

***Physical and 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/Safety Data Sheet.**

PART 1

1. Name of employer	2. Federal Employer Identification Number
3. Workplace covered by this form	Date

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Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program