- CONFIDENTIAL -
REQUEST FOR INFORMATION/COMPLAINT FORM

RETURN COMPLETED FORM TO:
Department of Labor and Industry
Bureau of PENNSAFE
Compliance Assistance Division
155-E Labor and Industry Building
7th and Forster Streets
Harrisburg, PA 17120

If you have any questions or need assistance in completing this form, phone (717) 783-2071 or 1-888-723-3422

PENNSAFE USE ONLY

Batch No. _____

FEIN No. _____

Document Code R Date _____

WPID _____

The purpose of the Worker and Community Right to Know Act (1984-159) is to provide employees, community members and emergency response agencies (Police, Fire, Ambulance, etc.) with information on the chemical substances they are exposed to in workplaces and in the environment. This information is available to all citizens living or working in the Commonwealth who are not competitors of the employer from whom they are requesting information.

Please Note: The state Department of Labor and Industry cannot investigate employee workplace complaints against most private sector employers because the Federal Occupational Safety and Health Administration (OSHA) Hazard Communication Standard covers most private sector workplaces.

INSTRUCTIONS: Please type or print all information. If a question does not apply to your situation, write "N/A." By law, your identity will be kept confidential for inquiries. For complaints, upon request your identity will not be revealed unless, in the course of attempting to prove the existence of a violation, the complaining party testifies or if a court orders disclosure.

The law provides that a fee, not to exceed the cost of reproduction, will be applied for the requested materials. You will be notified when the Department has obtained the requested materials and costs are determined. Costs are based on $0.15 per page. No fees will be charged if the total cost is under $1.00.

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SECTION I. TYPE OF REQUEST

MARK THE APPROPRIATE BOX(ES):
(Both may be marked)

☐ INQUIRY: Complete Section II.

☐ COMPLAINT: Please describe the nature of the complaint. (Include dates, times, circumstances and parties involved):

_____

_____

_____

_____

_____

_____

SECTION II. INFORMATION REQUESTED

MARK THE APPROPRIATE BOX(ES):
(All may be marked)

☐ Hazardous Substance Survey Form (HSSF)

☐ Environmental Hazard Survey Form (EHSF)

☐ Material Safety Data Sheets (MSDS) (Complete Section V)

☐ Other (Specify) _____

SECTION III. WORKPLACE INFORMATION

Provide the following information for each workplace for which you are requesting information and/or filing a complaint.

WORKPLACE NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____

SECTION IV. REQUESTOR IDENTIFICATION

NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

IF YOU ARE A POLICE DEPARTMENT, FIRE DEPARTMENT OR OTHER EMERGENCY RESPONSE AGENCY, PROVIDE NAME OF AGENCY: _____

SECTION V. MSDS INFORMATION REQUEST

Material Safety Data Sheet (MSDS) - A written document prepared by a manufacturer, supplier or importer in conformity with Section 4 of the Act (35 P.S. § 7304) for the purpose of transmitting information concerning a chemical.

Please provide the following information so that the Bureau of PENNSAFE can process your request.

If you want a generic MSDS for a particular product or chemical, put an asterisk "*" in the first column. Otherwise, provide the employer/manufacturer/supplier/importer/distributor name and address.

*	EMPLOYER/MANUFACTURER/ SUPPLIER/IMPORTER/ DISTRIBUTOR NAME AND ADDRESS	PRODUCT NAME/TRADE NAME/ COMMON NAME/CHEMICAL NAME	CHEMICAL ABSTRACTS SERVICE NUMBER (IF KNOWN)
1.			
2.			
3.			
4.			
5.			
6.			

SECTION VI. CERTIFICATION

Your request cannot be processed if the signature and date on the following certification is not provided.

SECTION 5(g) OF THE WORKER AND COMMUNITY RIGHT TO KNOW ACT PROHIBITS DISCLOSURE OF WORKPLACE INFORMATION TO COMPETITORS OF THE EMPLOYER FROM WHOM A REQUEST FOR INFORMATION IS MADE.

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY THE PERSON MAKING THIS REQUEST.

"I hereby certify that, to the best of my knowledge, I have not been nor am I now, nor do I plan to be, nor have any immediate family member to be, a competitor or representative, agent or employee of a competitor of the employer from whom I am making this request."

SIGNATURE _____ DATE _____