pennsylvania
DEPARTMENT OF LABOR & INDUSTRY

— CONFIDENTIAL —
REQUEST FOR INFORMATION/COMPLAINT FORM

RETURN COMPLETED FORM TO:

Department of Labor & Industry
Bureau of Workers' Compensation
Health & Safety Division
651 Boas Street
Harrisburg, PA 17121-0750

H&S USE ONLY

FEIN No. _____

Order No. _____

Date Received: _____

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 & 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 an estimate will be provided based on reproduction costs. No fees will be charged if the total cost is under $1.

If you have any questions or need assistance in completing this form, call us at 717-772-1635.

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)/Safety Data Sheets (SDS) (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 EMAIL

SECTION IV. REQUEST FOR IDENTIFICATION

NAME

STREET ADDRESS

CITY STATE ZIP CODE

SECTION V. MSDS/SDS INFORMATION REQUEST

Material Safety Data Sheet (MSDS)/Safety Data Sheet (SDS) – A written document prepared by a manufacturer, supplier or importer in conformity with Section 4 of the act for the purpose of transmitting information concerning a chemical.

If you want a generic MSDS/SDS 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 ABSTRACT SERVICE NUMBER (if known)
1.			
2.			
3.			
4.			
5.			

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 _____