

HEALTH HAZARD CONCERN FORM

Issued to: _____

Date: _____

From: _____

Contact number: _____

NAC has encountered *a potential health hazard* in a work area and requests your cooperation in assessing and controlling this hazard.

SITUATION / CONCERN:

REQUESTS:

If you disagree with this assessment, contact us by: _____

OTHERWISE THE FOLLOWING PRECAUTIONS WILL BE TAKEN:

Thank you for your cooperation.

Sincerely,



Stephanie Hagen
Safety Coordinator
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651.200.3024