



HPAE
Health & Safety Consultation Form

Facility Name: _____ Location/Unit _____

Requested by (HPAE Representative): _____

Phone: _____ Email: _____

President of Local: _____

Phone: _____ Email: _____

Health and Safety Committee Chair: _____

Phone: _____ Email: _____

<p><u>Request:</u></p> <p>Technical Assistance ___ Training ___ Research _____</p> <p>Health and Safety Committee Meeting ___ Other: _____</p>

Briefly describe the need for assistance:

Approved: _____ Date: _____

Please complete form and return to:

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Emerson, NJ 07630
bgerard@hpae.org
201-262-5005