



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: _____

Request:

Technical Assistance Training Research

Health and Safety Committee Meeting Other:

Briefly describe the need for assistance:

Approved: _____ Date: _____

Please complete form and return to:

*Bernie Gerard
110 Kinderkamack Road
Emerson, NJ 07630
bgerard@hpa.org
201-262-5005*