

Exhibit 3  
HAZARD COMMUNICATION PROGRAM  
CONTRACTOR NOTIFICATION

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Facility  
Manager/Representative: \_\_\_\_\_

Contractor/Service Company Rep: \_\_\_\_\_

Project Coordinator  
(construction only): \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conference Date / Time: \_\_\_\_\_ / \_\_\_\_\_

Yes	No	N/A	
_____	_____	_____	HAZCOM Program, Inventory, SDS's, Reviewed/Made available?
_____	_____	_____	Precautionary Measures Discussed?
_____	_____	_____	Labeling System Discussed (If Applicable)?
_____	_____	_____	Contractor's Inventory / SDS's Received (If Applicable)?

Comments: \_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_