



Unilever

UNILEVER MANUFACTURING (US), Inc.
HAMMOND PLANT

OSHA 10 Hour Variance Request Form

Employee Name: _____
Printed Name

Last six digits of SS#: _____

Contractor Company: _____

Company Contact Name/Title: _____

Phone / Email Contact Info: _____

Employee will be primarily assigned to _____
Area of the Plant / Job Title

Duration of job: _____

Reason for OSHA 10 Hour Variance Request: _____

Requested by: _____
Printed Name Signature
(Requested by – must be Contractor Company Designated Representative or Contractor on-site Representative)

Date: _____

Unilever SHE (Safety, Health and Environmental) Management Approval:

Please fax this form to Safety Training & Tracing, Inc. at 219-473-4329 or email to unilevertraining@standt.com