

Notification of HST Event

HST Laboratory Name _____

State Lab number _____

Reported by / Date _____

Date of Testing	Site of Testing	Address	Time of Testing

You may send Notification by Fax, Mail or email:

Laboratory Compliance Section
7202 NE Evergreen Pkwy., Ste. 100
Hillsboro, OR 97124-7251
Phone: 503-693-4125
Fax: 503-693-5602
Email: LC.Info@state.or.us



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