If you need this document in an alternate format, please call Lab Licensing at: (503) 693-4125

NOTIFICATION OF HST EVENT

HST laboratory name _____
State laboratory number _____
Reported by / Date _____

Date of Testing	Site of Testing	Address	Time of Testing

Mail or Fax to Laboratory Licensing 15 days prior to testing events:

Laboratory Licensing
PO Box 275
Portland OR 97207
phone (503) 693-4125 fax (503) 693-5602

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