

Received by: \_\_\_\_\_

**MIOSHA Website  
Request For Consultative Assistance**

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

Onsite  
 Consultation

Establishment: _____	# of Employees: _____
Contact Person: _____	Title: _____
Type of Business: _____ <input type="checkbox"/> GI <input type="checkbox"/> Const	<a href="#">SIC</a> _____ <a href="#">NAICS</a> _____
Address: _____	County: _____
City: _____	Zip: _____
Phone # _____	Fax # _____
Cell Phone # _____	E-Mail _____
Citation # _____	

**Source:** *(check all that apply)*

<input type="checkbox"/> Enforcement	<input type="checkbox"/> Media/Newsletter	<input type="checkbox"/> Publication
<input type="checkbox"/> Association/Organization	<input type="checkbox"/> Seminar	<input type="checkbox"/> Other: _____

**Service(s) Requested:** *(check all that apply)*

<input type="checkbox"/> Abatement Assistance	<input type="checkbox"/> General Safety Assistance	<input type="checkbox"/> Hazard Survey
<input type="checkbox"/> Air Quality	<input type="checkbox"/> Hazard Communication (RTK)	<input type="checkbox"/> PPE Training
<input type="checkbox"/> Bloodborne	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Recordkeeping
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Machine Guarding	<input type="checkbox"/> Safety & Health Prog. Training
<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Mech. Power Press Training	<input type="checkbox"/> Self-Help Equipment Loan
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Noise	<input type="checkbox"/> 10-Hour Construction Program
<input type="checkbox"/> Other: _____		

**Remarks:**

	<b>Mail, fax, or e-mail this form to:</b> MIOSHA / CET 7150 Harris Drive P.O. Box 30643 Lansing, MI 48909-8143 Fax #: 517-322-1374 cetrc@michigan.gov
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**The section below is for MIOSHA use only.**

Assigned To: _____	Date Assigned: _____	Assigned By: _____
	Date Approved: _____	Approved By: _____

**Consultation Contact Completed**

Date Received: \_\_\_\_\_ Initial Contact Date: \_\_\_\_\_

Action: \_\_\_\_\_

<input type="checkbox"/> <b>Send Follow-up Letter</b>
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**Check appropriate box if customer service standard is not met.**

*(Responded to within 3 business days / scheduled training within 30 calendar days).*

- New RCA - consultant not available due to leave/illness.
- Beyond 30 days at employer's request.
- First available date.
- Other

