

Request For Consultation Assistance

Date: _____

Onsite
Consultation

Establishment: _____	# of Employees: _____
Contact Person: _____	Title: _____
Type of Business: _____ GI Const.	SIC: _____ NAICS _____
Address: _____	County: _____
City: _____	Zip: _____
Phone # _____	Fax # _____
Cell Phone # _____	E-Mail _____
Citation # _____	

Source: *(check all that apply)*

Enforcement Association/Organization	Media/Newsletter Seminar	Publication Other:
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Service(s) Requested: *(check all that apply)*

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

Remarks:

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

Consultation Contact Completed

Date Received: _____ Initial Contact Date: _____

Action: _____

Send Follow-up Letter

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