



Request for **FREE** Safety and Health Consultation

Please complete, print and sign form. Then scan and email to dol.consultationmail@labor.nc.gov or fax to 919-807-2902. You will receive an acknowledgment letter confirming your receipt.

Name of company/employer: _____
(PLEASE USE THE LEGAL NAME)

Site address: _____
(STREET ADDRESS, CITY, STATE, ZIP)

Mailing address: _____
(STREET ADDRESS, CITY, STATE, ZIP)

Have you moved within the past two years? If so, please provide previous address: _____

Person to contact: _____ Job title: _____

Telephone number: _____ Ext.: _____ Fax number: _____

Email address: _____

Type of business and description of process: _____

North American Industry Classification System (NAICS): _____
To determine your NAICS code, visit www.census.gov/eos/www/naics

Number of employees:

_____ At your establishment/worksite **Unemployment Insurance # (Required)** _____

_____ Controlled by your company nationwide _____ In area you want surveyed, if a limited scope survey request

Type of Request (please read carefully):

Full Service

Both Safety and Health On-Site Surveys: **INCLUDE BOTH SAFETY AND HEALTH CONSULTANTS.**

Limited Service

Safety Visit Only/**Please specify SAFETY issue**
(Machine Guarding, PPE, Electrical Hazards, power tools, working surfaces, etc.)

Health Visit Only/**Please specify HEALTH issue**
(Noise, Air Contaminants, Ventilation, Respirators, Ergonomics, bloodborne, etc.)

Briefly describe purpose of visit/Area you want surveyed

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Have you had an OSHA Compliance Inspection completed in the last 2 years? Yes No

How did you hear about us: Client Referral Direct Solicitation (type: _____)

Media (type: _____) OSHA Publication OSHA Complaint Referral Other: _____

Professional Trade Association Publication Referral from Other Discipline Safety/Health Conference

Check one: I DO I DO NOT give permission for the consultant to send my report via email.

I am authorized to request that the N.C. Department of Labor, Consultative Services Bureau, conduct a consultative survey of my company. I understand that this service is free of charge and it does not increase the probability that my company will receive an inspection from the Compliance Bureau. Following each survey, a written report of the consultant's findings will be provided. I understand that the company is obligated to correct any hazards observed by the consultant within the agreed upon time, to post the list of hazards found, and to allow the consultant to confer with employees. Photos taken by my company or NCDOL at business related events may be used in publications or presentations by either party.

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL

DATE

(PRINT or TYPE NAME)

JOB TITLE