



Request for Free Safety and Health Consultation

Complete this form in full and mail to:

Consultative Services Bureau, NCDOL, 1101 Mail Service Center, Raleigh, NC 27699-1101, or fax to (919) 807-2902

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

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

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

Person to contact: _____ Job title: _____

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

E-mail address: _____

Type of business and description of process: _____

Standard Industrial Classification (SIC#) 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: **ON-SITE SURVEYS BY BOTH SAFETY AND HEALTH CONSULTANTS.**

Limited Service

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

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

Briefly Describe Purpose of Visit/Area you want surveyed

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Recognition Programs (Participants may receive a deferral/exemption from general scheduled compliance inspections.)

- Safety and Health Achievement Recognition Program (SHARP) Information
- Safety Awards Program Information (No Deferral/exemption)
- Carolina Star/Rising Star Program Information
- Building Star Program Information (Construction)

How did you hear about us: Consultant Promotion (Consultant's name: _____)
 Mailing Business Associate Other: _____

I am authorized to request that the N.C. Department of Labor, Bureau of Consultative Services, 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 Bureau of Compliance. 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.

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL

DATE

(PRINT or TYPE NAME)

JOB TITLE