



# 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):

### 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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### Full Service

Both Safety and Health On-Site Surveys: **ON-SITE SURVEYS BY BOTH SAFETY AND HEALTH CONSULTANTS.**

### 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)
- Public Sector Star

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

**If submitting online, call (919) 807-2899 if receipt is not confirmed within 48 hours. Please retain a copy for your records.**