

## WEST VIRGINIA DIVISION OF LABOR      REQUEST FOR OSHA CONSULTATION SERVICE

website: [labor.wv.gov/safety/occupational\\_safety](http://labor.wv.gov/safety/occupational_safety)

1. Company Name:		2. Type of Business:	
3. <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:			
4. Company Website:		5. How many shifts:	6. Shift hours:
7. Number of employees: a. At this location:		b. Covered by this visit:	c. Nationwide:
8. Primary NAICS (if known):		Secondary NAICS:	
9. Mailing address:		City:	State: Zip:
10. Address of site to be visited if differs:		City:	Zip:
11. County of site:		Directions to site to visit:	
13. Name of person to be attending our visit:			Title:
14. Email of person to attend visit:			
15. Phone # of person attending our visit:			Fax #:
16. Has your company utilized the WVDOL Consultation services previously?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, approximate date of previous services:			
17. Date of last <b>Federal</b> OSHA inspection, if applicable			
18. How did you hear about our program? <input type="checkbox"/> Client referral (name if able) _____			
<input type="checkbox"/> OSHA Consultation contacted us <input type="checkbox"/> TV/radio ad (which one?) _____			
<input type="checkbox"/> Newspaper/magazine/brochure/ad(which one?) _____			
<input type="checkbox"/> Trade show, conference, expo (where at?) _____			
<input type="checkbox"/> FEDERAL OSHA settlement/litigation referral <input type="checkbox"/> Other:			
19. Briefly describe operations performed. (Flow processes, machinery or equipment used, and final products):			
20. Check any of the following operations/processes that are performed at the site:			
<input type="checkbox"/> Welding/Burning: Gas __ Electric __	<input type="checkbox"/> Dip tank operations	<input type="checkbox"/> Grinding/Polishing	
<input type="checkbox"/> Work in confined spaces	<input type="checkbox"/> Spray finishing/Coating	<input type="checkbox"/> Sawing, sanding, planing	
<input type="checkbox"/> Machining (cutting, shearing, forming)	<input type="checkbox"/> Materials handling (equip.)	<input type="checkbox"/> Compressed gases	
<input type="checkbox"/> Elevated surfaces	<input type="checkbox"/> Hazardous chemicals		
21. Requested Services: <input type="checkbox"/> Full health Consultation <input type="checkbox"/> Full safety Consultation <input type="checkbox"/> Both health & safety			
If both, <input type="checkbox"/> Schedule health consultant & safety consultant same day <input type="checkbox"/> Schedule health & safety separately			
<input type="checkbox"/> Hazard assessment <input type="checkbox"/> Health & Safety program assistance <input type="checkbox"/> SHARP evaluation <input type="checkbox"/> PRESARP evaluation			
<input type="checkbox"/> Noise monitoring <input type="checkbox"/> Air monitoring (list contaminants to monitor):			
Training* To receive training services, you must participate in at least one full or limited health or safety consultation, be an <b>active</b> client: <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Forklift <input type="checkbox"/> Safety Videos <input type="checkbox"/> Other:			
<input type="checkbox"/> Limited Scope Consultation (explain):			
PPE Required for our consultant to visit: <input type="checkbox"/> Safety glasses <input type="checkbox"/> Hard hat <input type="checkbox"/> Safety toe <input type="checkbox"/> High visibility vest			
<input type="checkbox"/> Hearing protection <input type="checkbox"/> Other:			
Name:		Signature:	
		Date request submitted:	
<b>Please return form via: Email to <a href="mailto:safety@wv.gov">safety@wv.gov</a> - Fax to (304) 558-2415 or by USPS or other delivery service to West Virginia Division of Labor - Safety / OSHA Consultation Program</b>			
<b>1900 Kanawha Boulevard East, State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305</b>			

For office use only:

Date request received: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Date assigned to consultant: \_\_\_\_\_

Processed by: \_\_\_\_\_

Request #: \_\_\_\_\_