

# REQUEST FOR CONSULTATION AND TRAINING SERVICES

Thank you for your interest in making your workplace safer. Consultation and Training Services are **confidential**. Submit this form by mail, email, or fax.

## Tell us about your business/industry:

**(SUBMIT A SEPARATE FORM FOR EACH SITE)**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_

Site Contact Title: \_\_\_\_\_

Site Contact Phone: \_\_\_\_\_

Site Contact Email: \_\_\_\_\_

Site Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Describe your business/industry:**  LLC  Non-Profit  
 Public Corporation  Partnership  Sole Proprietorship  
 Unknown

**Industry Group:**  Seafood Processing  Oil and Gas  
 Manufacturing  General Construction  Healthcare  
 Warehouse/Transportation  
 Other: \_\_\_\_\_

**Business License #:** \_\_\_\_\_

### How many employees?

Company: _____	In AK: _____	On-site: _____
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### Are your employees represented by a union?

Yes  No

Union Name: _____	Union Contact: _____	Union Phone: _____
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### OSHA/AKOSH visit within the last 12 months?

Consultation  Yes  No / Enforcement  Yes  No

### Are you interested in Recognition Programs?

VPP  SHARP  CHASE  Partnership

Other: \_\_\_\_\_

### How did you hear about our services? Repeat Visit

High Hazard Letter  Enforcement Referral  
 Word of Mouth  ISA  FSA  LEP  NEP

Other: \_\_\_\_\_

## What services are you requesting?

**On-site Consultation:**  Safety  Health  Both

Full Service  Limited Services

### Training: (AWARENESS-LEVEL ONLY)

Safety  Health  Both

Full Service  Limited Services

### Type of Training Requested:

HazCom  Bloodborne Pathogens

10-hour  Recordkeeping  Workplace Violence

Youth Worker  Other: \_\_\_\_\_

### Reason Code: (Check all that apply) Blasting/Explosives

Machinery/Cutting  Electrical  Compressed Gas/Air

Material Handling  Excavation  General Environment

Commercial Driving  Demolition  Hazard Assessment

Fire Protection  Concrete Masonry  Air Sampling

Caisson/Cofferdams  Noise Survey  Employee Records

Other: \_\_\_\_\_

Requester Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Internal Use Only

DATE RECEIVED: \_\_\_\_\_ NAICS: \_\_\_\_\_

VISIT #: \_\_\_\_\_ REQUEST #: \_\_\_\_\_

DATE REQUEST WITHDRAWN: \_\_\_\_\_

REQUEST INITIAL VISIT DATE: \_\_\_\_\_

DATE EMPLOYER CONTACTED: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_ ASSIGNED DATE: \_\_\_\_\_

REASON FOR WITHDRAWAL:  Client Unresponsive

Client Changed Mind  Excessive Wait/Backlog

New Management  Other: \_\_\_\_\_

All requests will be processed within 7 business days of submission and you will be contacted via email or fax.

1251 Muldoon Road Suite 109  
Anchorage, AK 99504

800.656.4972 or 907.269.4955  
Fax: 907.269.3723

[Anchorage.Lss-Osh@alaska.gov](mailto:Anchorage.Lss-Osh@alaska.gov)  
[www.labor.state.ak.us/lss/oshhome.htm](http://www.labor.state.ak.us/lss/oshhome.htm)