

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: <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Unknown		
Industry Group: <input type="checkbox"/> Seafood Processing <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Manufacturing <input type="checkbox"/> General Construction <input type="checkbox"/> Healthcare <input type="checkbox"/> Warehouse/Transportation <input type="checkbox"/> Other: _____		
Business License #: _____		
How many employees?		
Company: _____	In AK: _____	On-site: _____
Are your employees represented by a union? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Union Name: _____	Union Contact: _____	Union Phone: _____
OSHA/AKOSH visit within the last 12 months? Consultation <input type="checkbox"/> Yes <input type="checkbox"/> No / Enforcement <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you interested in Recognition Programs? <input type="checkbox"/> VPP <input type="checkbox"/> SHARP <input type="checkbox"/> CHASE <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____		
How did you hear about our services? <input type="checkbox"/> Repeat Visit <input type="checkbox"/> High Hazard Letter <input type="checkbox"/> Enforcement Referral <input type="checkbox"/> Word of Mouth <input type="checkbox"/> ISA <input type="checkbox"/> FSA <input type="checkbox"/> LEP <input type="checkbox"/> NEP <input type="checkbox"/> 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.