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.*

Submit Form

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:

Are your employees represented by a union?
☐ Yes ☐ No

Union Name:	Union Contact:	Union Phone:

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 Diving ☐ 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DATE REQUEST WITHDRAWN: _____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.

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