

# REQUEST FOR CONSULTATION SERVICE

1. **Company Name** \_\_\_\_\_  
**Type of Business** \_\_\_\_\_
2. **Mailing Address** \_\_\_\_\_ **County** \_\_\_\_\_  
(Street, City, Zip)  
**Site Address** \_\_\_\_\_
3. **Name & Title of Person Making Request** \_\_\_\_\_
4. **Person to Contact and Phone #** \_\_\_\_\_
5. **Has West Virginia Division of Labor provided Safety/Health Consultation services previously?**  
YES  NO  If Yes, approximate date of previous services \_\_\_\_\_
6. **Briefly describe operations performed. Flow processes, machinery or equipment used, and final products:**  
Check any of the following operations/processes that are performed at the site:  
 a. Welding/Burning (Gas/Electric)  f. Dip Tank Operations  
 b. Work in Confined spaces  g. Spray Finishing/Coating  
 c. Machining (cutting, shearing, forming)  h. Materials Handling (equip.)  
 d. Hazardous Chemicals  i. Compressed Gases  
 e. Grinding/Polishing  j. Sawing, Sanding, Planing
7. **Who has overall responsibility for the safety program at your facility?**  
**Name:** \_\_\_\_\_ **Title** \_\_\_\_\_
8. **Employee Information:**  
a. Number of Employees Employed at this Location: \_\_\_\_\_  
b. Number of Employees Covered by Consultation: \_\_\_\_\_  
c. Total Number of Employees in Your U.S. Corporation: \_\_\_\_\_
9. **Date of Last OSHA Inspection** \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_

Please return form to: **West Virginia Division of Labor**  
**Safety Section**  
**Capitol Complex**  
**Building 6, Room 749B**  
**Charleston, WV 25305**