

VOSH Consultation Services

Main Street Centre- 600 East Main Street, Suite 207- Richmond, Virginia 23219
 Telephone: (804) 786-7776 Program Director- jennifer.rose@doli.virginia.gov

REQUEST

1. Company Name: _____
2. Type of Business: _____
3. Mailing Address: _____
4. County: _____ **Physical Site Address:** _____
5. Labor Union: _____
6. North American Industry Classification System (NAICS CODE) if known: _____
7. Contact Person and Title: _____
8. Email Address and Phone #: _____
9. 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:

<input type="checkbox"/>	Compressed Gases	<input type="checkbox"/>	Machining (cutting/shearing/forming/sawing)
<input type="checkbox"/>	Confined spaces / working in	<input type="checkbox"/>	Materials Handling (Equipment)
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Medical setting (hospital/nursing home/dental)
<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Spray Finishing/Coating
<input type="checkbox"/>	Dip Tank Operations	<input type="checkbox"/>	Veterinarian service
<input type="checkbox"/>	Electrical Work	<input type="checkbox"/>	Welding/Burning (Gas/Electric)
<input type="checkbox"/>	Hazardous Chemicals	<input type="checkbox"/>	Work from heights

10. Employee Information:

Number of employees at this location: Total number of employees in your U.S. entity:

11. Please check type of service requested:

<input type="checkbox"/> On-Site Visit*	<input type="checkbox"/> Training	<input type="checkbox"/> SHARP / Pre-SHARP
<input type="checkbox"/> Safety <input type="checkbox"/> Health	<input type="checkbox"/> BEST / BUILT Requirement	<input type="checkbox"/> Other Technical Assistance

*A **Safety** survey will focus on fire, mechanical, electrical, material handling and working surfaces.

A **Health** survey will focus on chemical safety, personal protective equipment, bloodborne pathogens, and exposures to noise, heat, and air contaminants.

Training can only be conducted with part of a visit.

Specific Areas you would like addressed:

<input type="checkbox"/>	Air Sampling	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	PPE
<input type="checkbox"/>	Chemical Handling/Storage/Labeling	<input type="checkbox"/>	Lock Out / Tag out	<input type="checkbox"/>	Respirators
<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	Logging / Tree Trimming	<input type="checkbox"/>	Scaffolding
<input type="checkbox"/>	COVID-19 / ETS	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Spray Finishing
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Material Handling	<input type="checkbox"/>	Walking/working surfaces
<input type="checkbox"/>	Emergency / Life Saving / Fire	<input type="checkbox"/>	Noise Sampling	<input type="checkbox"/>	Other

Signature: _____ Date: _____

Please return form via: Email to consultation@doli.virginia.gov, Fax to (804)786-8418 or by mail to address above.