

# On-Site Consultation Service Request for On-Site Consultation

Request Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Establishment Name \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Location Address \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Ext. \_\_\_\_\_ Fax # \_\_\_\_\_

Type of Business \_\_\_\_\_ NAICS Code \_\_\_\_\_

Number of employees at this site \_\_\_\_\_ Number of employees covered by this request \_\_\_\_\_

Total number of employees at all sites in USA \_\_\_\_\_ Date of last OSHA inspection \_\_\_\_\_

Additional information \_\_\_\_\_

Does your company utilize temporary workers?  Yes  No

How did you find out about the on-site consultation service?

- Past client  Contacted by us  Word of mouth  Trade group  
 Website  Federal OSHA activity  Other \_\_\_\_\_

## Complete and return this form

**By email (recommended):** *njonsite@dol.nj.gov*

**By mail:** **On-Site Consultation and Training**  
New Jersey Department of Labor and  
Workforce Development  
P.O. Box 953  
Trenton, NJ 08625-0953

**By Fax:** 609-292-4409

## Questions?

Need help completing  
this form?

Call **609-292-0404**



### FOR OFFICE USE ONLY

Safety \_\_\_\_\_ Health \_\_\_\_\_  
Notes \_\_\_\_\_ Req # \_\_\_\_\_

Hazard Code  NAICS  Hazardousness  Non-High Hazard

Emphases Codes \_\_\_\_\_