UTAH LABOR COMMISSION

OSHA CONSULTATION AND EDUCATION SERVICES REQUEST FORM



| Identify your specific area of interest or concern: | | | | To F U A |
|--------------------------------------------------------|---------|-----------------------------------------------------|---------------------------|------------------------------------------------------------------------------------|
| | 1 | | | INSTRUCTIONS: Fill out form completely. |
| What type of request is this? | S | ervice requested: | | |
| ☐ Safety | | Schedule a consultation visit | | |
| L Health | | Progr | ram assistance | SUBMIT FORM TO: |
| Both Safety & Health Outr | | | each training | Utah Labor Commission |
| What is your business type? | | SHA | RP Recognition Program | OSHA Consultation & Education Services |
| General Industry | | 160 East 300 South, Third Floor P. O. Box 146650 | | |
| Construction | п | [ovy many amplex | vees do you have in Utah? | Salt Lake City, UT 84114-6650 |
| Public Sector | | low many employ | rees do you have in Otan? | Phone: (801) 530-6855 |
| | | | | Fax: (801) 530-6992 |
| What type of work / process is conducted at this site? | | | | E-Mail: |
| | | | | consultation-program@utah.gov |
| Business Name: | | | | Consultation services are offered at no |
| Address: | | | | cost to Utah employers. Priority is given to small business employers and those in |
| City: | | State: | Zip: | high-hazard industries. |
| Contact Name: | | Position: | | |
| Phone: | E-Mail: | | | Revised 11/04/14 |