



OSHA Consultation Onsite Visit REQUEST FORM

ONLY FOR ARKANSAS PRIVATE SECTOR EMPLOYERS

MAILING ADDRESS	Arkansas Dept. of Labor and Licensing Division of Labor OSHA Consultation 900 W. Capitol Ave, Suite 400 Little Rock, Arkansas 72201	MAIN OFFICE NUMBER	501-682-4523
		OFFICE FAX NUMBER	501-682-4532

PLEASE COMPLETE THIS FORM AND MAIL OR FAX TO OUR OFFICE

DATE

LEGAL NAME of COMPANY:

NAME of CONTACT PERSON and JOB TITLE:

PHONE:

EMAIL:

SITE STREET ADDRESS of COMPANY:

CITY:

STATE:

ZIP:

(must be in Arkansas)

MAILING ADDRESS: *(if it is different than the site address):*

CITY:

STATE:

ZIP:

TYPE of BUSINESS:

(Corporation, Limited-Liability, Non-Profit, etc.)

NAICS CODE:

(found on your OSHA 300A Form, or determine your code: www.census.gov/naics)

NUMBER OF EMPLOYEES AT THIS SITE LOCATION:

NUMBER OF EMPLOYEES IN CORPORATE-WIDE *(In the United States):*

REASON FOR REQUEST:

(EXAMPLES: accident prevention, hazard identification, noise/air monitoring, program assistance, etc.)

CIRCLE WHICH TYPE OF SERVICE YOU ARE REQUESTING

SAFETY

INDUSTRIAL HYGIENE

BOTH

OTHER RELEVANT INFORMATION: