Additional information can be found on our website @ www.dir.ca.gov

Cal/OSHA Consultation Service Onsite Request Form

| Please fill in the following information | n and fax to (916) 263-2858 or e-mail to saccon@dir.ca.gov |
|---|--|
| | Date of Request: |
| Company Name: | |
| Mailing Address: | |
| Company Phone #: | Fax #: |
| Jobsite Address: | |
| Contact Person: | Position: |
| Phone #: | E-mail: |
| Number of Employees: At this worksi Specify reason for visit: | te: Statewide (this site & all others): of onsite consultation service? If Yes, when and |
| please provide the Safety Consultar Date: Onsite Safety C Have you received a letter from the attach a copy of the letter when subsequences of the Enforcement Officer's inspections of the Enforcement Officer's inspections. | at's name that conducted the onsite visit. Consultant: DOSH Targeted Inspection and Consultation Fund? If Yes, please omitting your request for an onsite consultation, for our documentation purposes. If Yes, please provide the date tion: (While a compliance action remains open, Cal/OSHA forming an on-site visit. After the compliance action has been completely closed leation can again be requested.) |
| with the Compliance Unit. The onsite vis receiving the free onsite assistance at your | e is confidential, and the Consultation Unit does not share information it does not result in citations or penalties. However, in return for our place of business, you must agree to timely correction of all hazards |
| guarantee that the Cal/OSHA Enforcement | ork site conditions change over time, the Consultation Service cannot nt Unit will not inspect the workplace or find violations. The goal of ers in their efforts to become self-sufficient concerning workplace safety |
| Requestor's Name: | Signature: |
| Contact Phone #: | E-mail Address: |