

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
REQUEST FOR ON-SITE CONSULTATION

Telephone: (609) 292-0404

Fax: (609) 292-4409

Email: safetyhealth_onsiteconsult@dol.nj.gov

REQUEST DATE: _____

PUBLIC

PRIVATE

ESTABLISHMENT NAME: _____

SITE ADDRESS: _____

MAILING ADDRESS: _____

CITY : _____

STATE: NJ ZIP CODE: _____

CONTACT NAME: _____

TITLE: _____

TELEPHONE: _____

EXT: _____

FAX: _____

CELL PHONE: _____

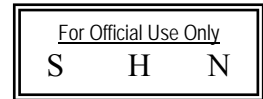
EMAIL: _____

WEBSITE: _____

TYPE OF BUSINESS: _____

SIC CODE: _____

NAICS CODE: _____



NUMBER OF EMPLOYEES AT THIS SITE: _____

NUMBER OF EMPLOYEES COVERED BY THIS REQUEST: _____

TOTAL NUMBER OF EMPLOYEES AT ALL SITES: _____

DATE OF LAST OSHA INSPECTION: _____

STRATEGIC INITIATIVES: _____

SERVICES ARE YOU REQUESTING? SAFETY HEALTH BOTH SHARP

HOW DID YOU FIND OUT ABOUT THE ON-SITE CONSULTATION SERVICE?

FOR OFFICE USE ONLY
FAX OR EMAIL

SOURCE OF REQUEST?: _____

SAFETY _____ HEALTH _____

CASE # _____ REQ # _____

Request taken by: _____