

APPLICATION FOR ON-SITE SAFETY AND HEALTH CONSULTATION

K-ISH 600 (9-16)

Company name: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____ County: _____

Site street address (not P.O. box): _____

City: _____ State: _____ ZIP: _____ County: _____

Name of contact: _____ Title: _____

Email: _____ Website: _____

Phone: () _____ Mobile phone: () _____

How did you learn of our service? _____

Briefly describe your company's operations and final products. If more than one operation, list in primary order.

NAICS Code: _____ *If unknown, describe your company's operations in detail in the space provided above.*

Are you a construction company? YES NO Commercial Residential Hwy/Bridge/Road

Type of consultation/inspection requested: Safety Health SHARP

Specific requests:

Is the facility: Union Non-union Union local number: _____

Number of employees at this location: _____ Number of employees corporate wide: _____

Have you had an OSHA Compliance visit in the past 12 months? YES NO

Are any of the following used in the production processes at your facility? (Check all that apply.)

- Flammable/Combustible Liquids
- Mechanical/Hydraulic Power Presses
- Welding/Cutting Processes
- Process Safety Management
- Cranes
- Machining (cutting, shearing, forming)
- Sources of Radiation/Lasers/High Magnetic Fields
- Questionable Noise Levels
- Dip Tank Operations
- Spray Finishing/Coating
- Abrasive Blasting
- Other (Specify) _____

Are any of the following present at your facility? (Check all that apply.) Temporary Workers

- Lead
- Combustible Dust
- Silica
- Isocyanates
- Hexavalent Chromium

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Notice of Obligation: If an Occupational Safety and Health Administration (OSHA) inspection should occur at your facility, the OSHA Compliance Officer will not know about the consultation visit. You are not required to inform the Compliance Officer of our service, but you must provide a copy of our chemical sampling or noise monitoring results if it is requested (29 CFR 1910.1020(e)(3)). The OSHA Compliance Officer will not be legally bound by the advice given by our consultant, nor will the consultant be legally responsible for any OSHA citations.

Before accepting this service from the state of Kansas, the company agrees to correct all hazards identified as “serious” within the established time frame. Also, when feasible, the company agrees to implement temporary protective measures for “serious” hazards until the hazards can be corrected permanently. Extensions may be granted if you encounter difficulties, but these extensions must be requested in writing on or before the correction due date. The Kansas Safety and Health Consultation Service has a legal obligation to inform OSHA of serious hazards not corrected within the agreed upon time frame (29 CFR 1908.6(f)).

PHOTOGRAPHY: I hereby authorize the Kansas Division of Industrial Health and Safety to take pictures of both hazardous situations and good examples of safety and health control measures for documentation purposes and also for use in training and promotional activities. YES NO Initials: _____

CERTIFICATION: To the best of my knowledge and belief the statements on this form are true and correct. If submitted electronically, this form will be considered to be signed.

Typing name and title below signifies authorization of the consultation service.

Signature: _____ Date: _____

Title: _____

SUBMIT

If you do not wish to electronically submit, you may sign and fax or mail the completed form to the office below. If you do not receive an acknowledgement letter within two weeks of submitting your application, please call.

Disclaimer: The mention of a specific company or product by the consultant does not constitute an endorsement by the Kansas Department of Labor. Also, the results and recommendations in this report are based on the conditions which were present during our survey and on the best information available to the consultant at the time of the survey and do not replace any other needed or required safety or health monitoring for your facility.