



**On-Site Safety & Health Consultation**  
**Application**  
*OSHA Consultation Division*  
 www.labor.ok.gov

Oklahoma Department of Labor  
 3017 North Stiles, Suite 100  
 Oklahoma City, OK 73105  
 405-521-6100  
**Email this form to:**  
 jahkia.robinson@labor.ok.gov

Company Name:			
Mailing Address:			
City:	State:	Zip:	County:
Website:		Email:	
Site Street Address (Not P.O. Box):			
City:	State:	Zip:	County:
Contact:		Title:	
Email:			
Phone:		Fax:	
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:		OR SIC Code:	
Are you a construction company? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Hwy/Bridge/Road			
Type of consultation/inspection requested: <input type="checkbox"/> Safety <input type="checkbox"/> Health <input type="checkbox"/> Both Safety & Health <input type="checkbox"/> SHARP			
Specific Requests:			
Is the facility: <input type="checkbox"/> Union <input type="checkbox"/> Non-Union		Union Local Number:	
# of employees at this location:		# of employees corporate wide:	
Have you had an OSHA Compliance visit in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are any of the following used in the production processes at your facility? (Check all that apply)			
<input type="checkbox"/> Flammable/Combustible Liquids	<input type="checkbox"/> Sources of Radiation/Lasers/High Magnetic Fields		
<input type="checkbox"/> Mechanical/Hydraulic Power Presses	<input type="checkbox"/> Noise Levels		
<input type="checkbox"/> Welding/Cutting Processes	<input type="checkbox"/> Dip Tank Operations		
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Spray Finishing/Coating/ Blasting		
<input type="checkbox"/> Cranes	<input type="checkbox"/> Lockout Tagout		
<input type="checkbox"/> Machining (cutting, shearing, forming)	<input type="checkbox"/> Other (Specify) _____		
Are any of the following present at your facility? (Check all that apply)			
<input type="checkbox"/> Lead	<input type="checkbox"/> Combustible Dust	<input type="checkbox"/> Silica	<input type="checkbox"/> Isocyanates <input type="checkbox"/> Hexavalent Chromium