



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

**Submit**

**Print**

**Oklahoma Department of Labor**  
3017 North Stiles, Suite 100  
Oklahoma City, OK 73105  
405-521-6100  
Fax 405-521-6020

Facility Name:										
Mailing Address:										
City:		State:		Zip:		County:				
Facility ID / Schedule Number:				Website:						
Site Street Address (Not P.O. Box):										
City:		State:		Zip:		County:				
Contact:				Title:						
E-mail:										
Phone:			Fax:							
How did you learn of our service?										
Briefly describe your facility's operations and mission. If more than one operation, list in primary order.										
NAICS Code:					SIC Code:					
Type of consultation/inspection requested (check all that apply):					<input type="checkbox"/> Safety		<input type="checkbox"/> Health			
Specific Requests:										
Number of employees at this location:						Number of employees Statewide:				
Have you had an PEOSH Compliance visit in the past 12 months?					If Yes, Date:					
<input type="checkbox"/> No <input type="checkbox"/> Yes										
Are any of the following used or considered conditions in your facility? (Check all that apply)										
<input type="checkbox"/> Abrasive Blasting		<input type="checkbox"/> Air Quality		<input type="checkbox"/> Noise Levels		<input type="checkbox"/> Radiation/Lasers/High Magnetic Fields		<input type="checkbox"/> Other (Specify):		
<input type="checkbox"/> Flammable/Combustible Liquids		<input type="checkbox"/> Mechanical/Hydraulic Power Presses		<input type="checkbox"/> Machining (cutting, shearing, forming)		<input type="checkbox"/> Welding/Cutting Processes				
Additional Information:										
Signature of Applicant:										