



For Office Use Only:

Request Number: _____

Visit Date/Time: _____

300 Log: _____

COVID-19:

Yes

No

OFFICE OF SAFETY & HEALTH CONSULTATION REQUEST FOR ASSISTANCE FORM

Company Name: _____

Site Address: _____

Mailing Address (if different): _____

Telephone Number: _____ Email: _____

Contact Person (Name/Title): _____

Number of employees on site: _____ Number of employees nationwide: _____ NAICS code: _____

Is the facility: Union: ____ Non-Union: ____ OSHA 300 Logs attached? YES ____ NO ____

OSHA Compliance Inspection in last 12 months? YES ____ NO ____

Note: Your 6-digit NAICS code can be found at: www.census.gov/eos/www/naics/

Please check type of survey(s) requested. Separate visits will normally be made for each box checked (refer to footnotes (*) for a description of surveys):

Safety Health

Scope of Survey (please check one): Entire workplace survey Partial workplace survey (please state your specific need for assistance) _____

Describe type of business, products manufactured, operations and/or services at this worksite: _____

Please check the appropriate category that prompted you to request our assistance

- | | |
|--|--|
| <input type="checkbox"/> Client Referral | <input type="checkbox"/> New OSHA Standard |
| <input type="checkbox"/> Door to Door Solicitation | <input type="checkbox"/> OSHA Publication |
| <input type="checkbox"/> Direct Telephone Solicitation | <input type="checkbox"/> OSHA Complaint Referral |
| <input type="checkbox"/> Direct Mail (or brochure) Solicitation | <input type="checkbox"/> Professional or Trade Association Meeting |
| <input type="checkbox"/> Previous State Consultation Client | <input type="checkbox"/> Professional or Trade Association Publication |
| <input type="checkbox"/> Referral from OSH Consultation Employee | <input type="checkbox"/> High Hazard Letter |
| <input type="checkbox"/> Referral from DOL Employee | <input type="checkbox"/> OSHA Enforcement Letter |
| <input type="checkbox"/> Insurance Carrier | <input type="checkbox"/> Combustible Dust Letter |
| <input type="checkbox"/> Internet Site | <input type="checkbox"/> Lead Letter |
| <input type="checkbox"/> Safety or Health Conference | <input type="checkbox"/> Silica Letter |
| <input type="checkbox"/> Settlement or Litigation Referral | <input type="checkbox"/> Amputation Letter |
| | <input type="checkbox"/> Other |

Please read the following. Contact the Consultation Project Manager if you have any questions.

1. The consultation service is provided at no cost to employers through federal and state funds. Priority in scheduling is given to requests received from small businesses that are in high-hazard industries or have the most hazardous conditions at issue in the request.
2. The Consultation Program is dedicated to assisting small, high-hazard employers reduce occupational injuries and illnesses through the identification and correction of hazards. While the identification of hazards by a consultant will not mandate the issuance of citations or penalties, the employer is required to take necessary action to eliminate employee exposure to a hazard, which in the judgment of the consultant, represents an imminent danger to employees; and to take action to correct within a reasonable allotted time, any serious hazards that are identified. The discovery of such a hazard will not initiate any enforcement activity unless the employer fails to eliminate the identified hazard within the established time frame or extension period.
3. While utilizing this service, employers remain under a statutory obligation to provide a safe and healthful worksite and working conditions for employees.
4. Employee involvement is an element of an effective safety and health program. The consultant will confer with a reasonable number of employees concerning matters of workplace safety and health.
5. The employer must agree to post a list of all serious hazards found by the consultant and the correction due dates, and to notify affected employees when hazards are corrected. OSHA Enforcement cannot schedule a compliance inspection in response to a complaint based upon a posted List of Hazards unless the employer fails to meet his obligations to correct hazards, or fails to provide interim protection for exposed employees.
6. The employer must agree to make information on the corrective actions proposed by the consultant, as well as other-than-serious hazards identified, available at the worksite for review by affected employees.

I acknowledge that I have the authority to make a request for consultation assistance on behalf of my employer. I also agree to provide the Consultation office with 3 years of Injury & Illness logs (OSHA 300 logs) or the most current year log if 3 years is not available, prior to the consultation visit, for review and analyses.

Signature

Date

Printed Name

Title

Please sign & return this form by mail, e-mail or fax to:

Phone: 302-451-3421

Fax: 302-622-4104

Email: DOL_OSH_Consultation@delaware.gov

Delaware Department of Labor
Office of Safety & Health Consultation
252 Chapman Road, Suite 210
Christiana Building
Newark, DE 19702

(downloaded form only)

***Safety surveys** focus on fire, mechanical, electrical, material handling and safe work practices.

***Health surveys** focus on chemical safety, personal protective equipment, noise, radiation and air contaminants.
(surveys include reviews of recordkeeping, training and OSHA required written programs)

Learn more about Consultation Services by visiting <https://dia.delawareworks.com/osha-consultation>