Request for Consultation and Training Services

To request confidential on-site assistance or training, submit this form by mail, email or fax.

**Mail**
Alaska Department of Labor and Workforce Development  
Occupational Safety & Health-Consultation and Training  
3301 Eagle Street, Suite 305  
Anchorage, AK 99503

**Fax**
907-269-4950

**Email**
Anchorage.LSS-OSH@alaska.gov  
Juneau.LSS-OSH@alaska.gov

**Phone**
800-656-4972 or 907-269-4955

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<thead>
<tr>
<th>Company Legal Name</th>
<th>Manager’s Name &amp; Title</th>
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<tr>
<th>Mailing Address</th>
<th>City, State, ZIP</th>
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<tr>
<th>Site Location</th>
<th>City, State, ZIP</th>
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<th>Phone &amp; Fax</th>
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<thead>
<tr>
<th>Number of Employees</th>
<th>At Work Site</th>
<th>In Entire Company</th>
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**What types of services are you interested in receiving? (Check all that apply)**

**Training**
- □ Youth Presentation  
- □ OSHA-10 Hour Class  
- □ Specific Training  
- □ Other ________________________

**On-site Consultation**
- □ Site Evaluation  
- □ Monitoring (noise, dust, fumes)  
- □ Indoor Air Quality  
- □ Ergonomics

**Limited Consultation**
- □ Fall Protection  
- □ Scaffolding  
- □ Bloodbornes  
- □ Other ___________________________

**Recognition Programs**
- □ VPP  
- □ SHARP  
- □ CHASE  
- □ Partnership  
- □ Other ____________________________

**How did you hear about our services?**
- □ Newspaper/Radio  
- □ High Hazard Letter  
- □ Enforcement Referral  
- □ Word of Mouth  
- □ Other_____________________

**How would you describe your business or industry?**
- □ Seafood Processing  
- □ Oil & Gas Services Construction  
- □ Manufacturing  
- □ Warehousing/Transportation Services  
- □ Public Employer  
- □ Other________________________________

**Signature:** _______________________________  
**Date:** ____________________

Thank you for your interest in making your workplace safer.  
All requests will be processed within 7 business days of receipt and you will be contacted by email or fax.