

STATE OF NEW JERSEY  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
REQUEST FOR ON-SITE CONSULTATION  
Telephone: (609) 292-0404  
Fax: (609) 292-4409  
Email: Safety&Health\_OnsiteConsult

REQUEST DATE: \_\_\_\_\_

PUBLIC

PRIVATE

ESTABLISHMENT NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY : \_\_\_\_\_

STATE: NJ ZIP CODE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EXT: \_\_\_\_\_

FAX: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

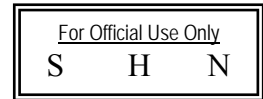
EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

SIC CODE: \_\_\_\_\_

NAICS CODE: \_\_\_\_\_



NUMBER OF EMPLOYEES AT THIS SITE: \_\_\_\_\_

NUMBER OF EMPLOYEES COVERED BY THIS REQUEST: \_\_\_\_\_

TOTAL NUMBER OF EMPLOYEES AT ALL SITES: \_\_\_\_\_

DATE OF LAST OSHA INSPECTION: \_\_\_\_\_

STRATEGIC INITIATIVES: \_\_\_\_\_

SERVICES ARE YOU REQUESTING? SAFETY HEALTH BOTH SHARP

HOW DID YOU FIND OUT ABOUT THE ON-SITE CONSULTATION SERVICE?

\_\_\_\_\_

FOR OFFICE USE ONLY  
FAX OR EMAIL

SOURCE OF REQUEST?: \_\_\_\_\_

SAFETY \_\_\_\_\_ HEALTH \_\_\_\_\_

CASE # \_\_\_\_\_ REQ # \_\_\_\_\_

Request taken by: \_\_\_\_\_