



MAIL OR FAX FORM TO:
 State of New Mexico Environment Department
Occupational Health & Safety Bureau
 525 Camino de los Marquez, Suite 3
 Santa Fe, NM 87505
 Telephone Number: 505-476-8700
 or 1-877-610-6742
 Fax Number: 505-476-8734



Ron Curry
 Secretary

Jon Goldstein
 Deputy Secretary

Jim Norton
 Director

REQUEST FOR CONSULTATION SERVICES FORM

The Consultation Section of New Mexico OSHA provides no cost consultation services to New Mexico employers upon request. Consultants assist employers in evaluating safety and health programs. Comprehensive consultation visit evaluates all aspects of an employer's safety and health program and provides guidance on incorporating safety and health management into their daily operations.

Your only obligation is a commitment to correcting serious job safety and health hazards in a timely manner. You agree to make a commitment by signing the Request Form.

Please complete the following to request for onsite consultation. This information will assist us in evaluating your request. Someone from the Consultation Section may contact you if additional information is needed.

PLEASE PRINT OR WRITE LEGIBLE:

EMPLOYER'S INFORMATION:

Corporate Name: _____

Doing Business As (DBA) or Establishment's Name: _____

Contact Person: _____ Position / Title: _____

Telephone Number: _____ Fax Number: _____

Cell Phone: _____ E-mail Address: _____

Site or Physical Address: _____ City _____ State _____ Zip Code _____

Mailing Address (if different from site or physical address):
 _____ City _____ State _____ Zip Code _____

Nature of Business / Brief Description of Business: _____

Number of Employees: _____ Type of Employer: Private Site Public Site

FOR APPROVAL BY A COMPANY OFFICER OR SUPERVISOR (MUST BE FILLED OUT):

Establishment Officer's Signature: _____ Date: _____

Print Name of Officer: _____ Position / Title: _____

FOR OHSB USE:

SIC: _____ NAICS: _____
 TYPE OF SERVICE REQUESTED: S = SAFETY H = HEALTH BOTH T = TRAINING
 COOPERATIVE PROGRAM: CONSTRUCTION AGREEMENT FOR RESIDENTIAL EMPLOYEE SAFETY (CARES)

Consultant assigned: _____
 Type of Service: Health Full Safety Full Health Limited Safety Limited
 Program Assistance: Health Safety Training: Health Safety

Program Manager's signature: _____ Date: _____