



CONSULTATION PROGRAM (NM OSHCON)

Mail or Scan to:

State of New Mexico Environment Department
Occupational Health & Safety Bureau Consultation Program
121 Tijeras Ave. NE, Suite 1000, Albuquerque, New Mexico 87102
Telephone No.: (505) 476-8700 or 1-877-610-8734
NMENV-OSHCON@ENV.NM.Gov

REQUEST FOR CONSULTATION SERVICES FORM

NM OSHCON provides confidential health and safety consultation services at no cost to New Mexico employers. NM OSHCON assists small businesses by identifying workplace hazards and providing guidance for hazard correction and evaluating safety and health programs and providing information and guidance on program development, improvement, and implementation. Comprehensive consultation visits evaluate all aspects of an employer's safety and health program and provide guidance on incorporating safety and health management into their daily operations. Please complete this form to request free, confidential on-site consultation services. This information will assist us in evaluating your request. Your only obligation is a commitment to correcting serious workplace safety and health hazards in a timely manner.

EMPLOYER'S INFORMATION:

Corporate Name: _____

Doing Business as (DBA) or Establishment 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 on Site: _____ Number of Employees Companywide: _____

Type of Employer: Private Site Local Government Public Site

Union Representation? Yes No Union Name: _____ Local: _____

Union Representative Name: _____ Telephone Number: _____

Where did you hear about us? _____

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

Establishment Officer's Signature: _____ Date: _____

Print Name of Officer: _____ Position / Title: _____

FOR NM OSHCON USE:

Date Received: _____

NAICS: _____ RID # _____ CORPORATION ___ LLC ___ OTHER _____

Type of Service: HEALTH FULL SAFETY FULL BOTH FULL HEALTH LIMITED SAFETY LIMITED BOTH LIMITED

Consultant(s) Assigned: _____