

Colorado State University Occupational Safety & Health Consultation Program

**CONSULTATION REQUEST FORM**

*Please complete this fillable form, save, then attach to an email to [ohss@colostate.edu](mailto:ohss@colostate.edu)*

Today's Date:

Company/Establishment Name:

Doing Business As (if applicable):

Site Address:

Mailing Address (if different from site address):

Contact: Salutation:

First Name:

Last Name:

Job Title/Position of Contact:

Phone: Office:

Cell:

Email:

Number of Employees: # Corporate-wide: # at Site:

NAICS: If you do not know your NAICS code please use  
the [U.S. Census Bureau's website](#).

Have you received a notification letter from OSHA regarding targeted inspections  
based upon Emphasis Programs? Yes No

Has OSHA Enforcement inspected you in the last 12 months? Yes No

Is the Establishment Unionized? Yes No

Please describe the nature of your company's business and how we can help.

***Please note: Our free consultation services are at your request and consent. The Employer has the responsibility to agree to correct Imminent Hazards immediately and eliminate or control Serious Hazards within an agreed upon date, normally 30 days.***