



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF LABOR STANDARDS

**MISSOURI ON-SITE SAFETY AND HEALTH CONSULTATION SERVICE  
APPLICATION FOR CONSULTATION SERVICE**

P.O. Box 449  
Jefferson City, MO 65102-0449  
Phone: 573-751-3403  
Fax: 573-751-3721  
Email: [safetyconsultation@labor.mo.gov](mailto:safetyconsultation@labor.mo.gov)  
[www.labor.mo.gov/onsite](http://www.labor.mo.gov/onsite)

Company Name			
Company Mailing Address			
City	State	ZIP	County
Company Website Address		Company Email	
Site Name <i>(If different from above)</i>			
Site Address			
City	State	ZIP	County
Person to Contact	Title	Email Address	
Person making request	Phone	Fax	Email Address
Exactly how did you learn of our service?			
Is OSHA including you in any type of targeting program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what program?		
Briefly describe your company's operations and final products. If more than one operation, list in primary order.			
Are you a construction company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the facility <input type="checkbox"/> Union <input type="checkbox"/> Non-Union	NAICS Code	
Number of employees at your site?		Number of total employees in company?	
Have you had an OSHA Compliance visit in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are any of the following used in the production processes at your facility? <i>(Check the box to the left of each applicable category.)</i>			
<input type="checkbox"/> Flammable/Combustible Liquids	<input type="checkbox"/> Sources of Radiation/Lasers/High Magnetic Fields		
<input type="checkbox"/> Mechanical/Hydraulic Power Presses	<input type="checkbox"/> Questionable Noise Levels		
<input type="checkbox"/> Welding/Cutting Processes	<input type="checkbox"/> Dip Tank Operations		
<input type="checkbox"/> Process Safety Management	<input type="checkbox"/> Spray Finishing/Coating		
<input type="checkbox"/> Machining <i>(cutting, shearing, forming)</i>	<input type="checkbox"/> Respirator in use		
<input type="checkbox"/> Cranes	<input type="checkbox"/> Abrasive Blasting		
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Other <i>(Specify)</i>		
Are any of the following present at your facility? <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos <input type="checkbox"/> Silica <input type="checkbox"/> Renovation <input type="checkbox"/> Methylene Chloride			
Do you own or rent your building?			

*Please continue on the reverse side before submitting application.*

**Notice of Obligation:** If an Occupational Safety and Health Administration (OSHA) inspection should occur at your facility, the OSHA Compliance Officer will not know about this consultation visit. You are not required to inform the Compliance Officer of our service, but you must provide a copy of our chemical sampling or noise monitoring results if it is requested (29 CFR 1910.1020(e)(3)). The OSHA Compliance Officer will not be legally bound by the advice given by our consultant, nor will the consultant be legally responsible for any OSHA citations.

**Before accepting this service from the state of Missouri, the company agrees to correct all hazards identified as serious within the established time frame.** Also, when feasible, the company agrees to implement temporary protective measures for serious hazards until the hazards can be corrected permanently. Extensions may be granted if you encounter difficulties, but these extensions must be requested in writing on or before the correction due date. The Missouri Safety and Health Consultation Service has a legal obligation to inform OSHA of serious hazards not corrected within the agreed upon time frame (29 CFR 1908.6(f)).

I hereby authorize the Missouri Safety and Health Consultation service to take pictures of both hazardous situations and good examples of safety and health control measures, for documentation purposes and also for use in training and promotional activities.

**MUST HAVE SIGNATURE AND TITLE OF COMPANY OFFICIAL  
AUTHORIZING THIS CONSULTATION SERVICE**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**You may fax or mail the completed application to our office. Please fax both sides.  
If you do not receive an acknowledgment letter within two weeks of submitting your application,  
call us at 573-751-3403.**

*Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.  
TDD/TTY: 800-735-2966 Relay Missouri: 711*

The Missouri On-Site Consultation Program is funded by a federal grant of \$1,090,200, which constitutes ninety percent of the overall budget for the program.

**Disclaimer:** The mention of the name of any company or specific products by the consultant does not constitute an endorsement by the Missouri Safety and Health Consultation Service. Also, the results and recommendations in this report are based on the conditions which were present during our survey and on the best information available to the consultant at the time of the survey, and do not replace any other needed or required safety or health monitoring for your facility.