



CONSULTATION PROGRAM NM OSHCON

MAIL OR SCAN TO:

State of New Mexico Environment Department
Occupational Health & Safety Bureau
P.O. Box 5469 Santa Fe, NM 87502 – 5469
525 Camino de los Marquez Suite 3
Santa Fe NM 87505
Telephone No.: (505) 476-8700 or 1-877-610-8734
NMENV-OSHCON@state.nm.us

REQUEST FOR CONSULTATION SERVICES FORM

The Consultation Section of New Mexico provides no cost consultation services to New Mexico employers upon request. Consultants assist employers in evaluating safety and health programs. 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.

Your only obligation is a commitment to correcting serious job safety and health hazards in a timely manner. **You agree to make a commitment when returning this signed request form along with the last 3 years of your OSHA 300 and 300A logs.**

Please complete the following to request 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 LEGIBLY:

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): _____ Physical and mailing address are the same (check for Yes):

_____ City: _____ State: _____ Zip Code: _____

Nature of Business / Brief Description of Business: _____

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

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 OHSB USE:

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

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

Consultant(s) Assigned: _____

Date Received: _____

Program Manager's Signature: _____ Date: _____