

HIOSH
Division of Occupational Safety and Health

Request Form - 20

1A. Request No.	1B. Previous Request Number	2. Reporting ID	3. Request Date	4. Optional Case Number	5. Multi Employer Worksite Code

6. Establishment Name				Ownership	<input type="checkbox"/> P. Private Sector <input type="checkbox"/> L. Local Govt. <input type="checkbox"/> S. State Govt.
6a. Site Info.	Address		City	County	
	City	State	Zip	7A. SIC Code	
6b. Mailing Info	Address			7B. Secondary SIC Code	
	City	State	Zip	7A1. Primary NAICS	
7C. Type of Business				7B1. Secondary NAICS	
8. Employer Contact Data	8A. Salutation	8B. First	8C. Last	7D. High Hazard?	<input type="checkbox"/> N. Non High Haz <input type="checkbox"/> S. SIC Listing <input type="checkbox"/> A. Alternative <input type="checkbox"/> H. Hazardousness
	8D. Contact Title				
	8E. Phone	8F. Ext	8G. Fax		

9. Source of Request	<input type="checkbox"/> A. Client Referral <input type="checkbox"/> B. Direct Solicitation by Telephone <input type="checkbox"/> C. Direct Solicitation by Mail <input type="checkbox"/> D. Direct Solicitation Door to Door <input type="checkbox"/> E. Media (Newspaper/Magazine) <input type="checkbox"/> F. Media (Radio) <input type="checkbox"/> G. Media (Television) <input type="checkbox"/> H. New Standard	<input type="checkbox"/> I. OSHA Publication <input type="checkbox"/> J. OSHA Complaint Referral <input type="checkbox"/> K. Other <input type="checkbox"/> L. Professional/Trade Assoc. Meeting <input type="checkbox"/> M. Professional/Trade Assoc. Publication <input type="checkbox"/> N. Referral From Other Discipline <input type="checkbox"/> O. Safety/Health Conference <input type="checkbox"/> P. Settlement/Litigation Referral
10. Coverage Text		

11. Special Program Name		12. OSHA Insp in last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Employee Information	13A. Number in Estab	13B. Covered	13C. Controlled

Services Requested	Safety	Health	Both	Training & Assistance Services Requested:	Safety	Health	Both
14A. Full Service				15A. Program Assistance			
14B. Limited Service				15B. Training & Education			
14C. Reason Code				15C. Correction Assistance (Cited)			
<input type="checkbox"/> Blasting/Explosives <input type="checkbox"/> Caissons/Cofferdams <input type="checkbox"/> Commercial Diving <input type="checkbox"/> Compressed Gas/Air <input type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Demolition <input type="checkbox"/> Electrical <input type="checkbox"/> Employee Records <input type="checkbox"/> Excavations <input type="checkbox"/> Fire Protection <input type="checkbox"/> General Environ. <input type="checkbox"/> Machinery/Guarding <input type="checkbox"/> Welding/Cutting	<input type="checkbox"/> Mat'ls Hand. Storage <input type="checkbox"/> Means of Egress <input type="checkbox"/> Medical/First Aid <input type="checkbox"/> Noise Survey <input type="checkbox"/> Other <input type="checkbox"/> Port. Powered Tools <input type="checkbox"/> Powered Platforms <input type="checkbox"/> Sign/Barricades <input type="checkbox"/> Steel Erection <input type="checkbox"/> Toxic/Haz. Subst. <input type="checkbox"/> Underground Constr. <input type="checkbox"/> Walk/Work Surfaces			15D. Correction Assistance (Not Cited)			

16A. Safety Consultant Assigned		16B. Health Consultant Assigned		17. Requested Visit Date	
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