



MISSISSIPPI STATE
UNIVERSITY™

EXTENSION
Center for Continuing Education

Mississippi State University Extension
Center for Continuing Education
Industrial Health & Safety Program

Consultation Request Form

Date: _____ NAICS code (if known) _____

Company Name: _____

Site Address: _____ City, State, Zip _____

Mailing Address: _____ City, State, Zip _____

Name of person making the request: _____

Job Title: _____

Phone: _____ Email: _____

Number of Employees at site: _____ Number of Employees corporate-wide: _____

Have you been inspected by OSHA in the past 12 months? Yes _____ No _____

If yes, answer the following:

Date of last inspection? Month _____ Year _____

Have all items cited been corrected? Yes _____ No _____

In not, when are the corrections due? Month _____ Year _____

What type of service would you like?

Safety _____

Industrial Hygiene _____

Both _____

How did you learn of Mississippi State University's On-site Consultation Program?

Website _____

OSHA _____

Other, Please Describe: _____

Briefly describe the nature of your company's business, flow process, machinery or equipment used, and final products: _____

By accepting Mississippi State University's free on-site consultation service, as a representative of _____, I understand and agree to the following conditions:

- 1) Correct all hazards identified during the survey. I further understand that a time limit for correcting hazards OSHA would classify as SERIOUS will be established at the time of the survey based primarily upon the judgment of Mississippi State University consultant who will take into account such factors as probability of serious injury and feasibility of correction.
- 2) To notify, Mississippi State University, in writing, of the corrections of the SERIOUS hazards that are identified in this consultation including the date that the correction was made and specifically what was done to correct the hazard.
- 3) I also understand:
 - That the company has the right to stop the consultation at any point during the assistance, but is responsible for correcting all hazards identified up to that point.
 - That Mississippi State can stop the consultation at any point if there are indications that the company is not committed to fulfilling their obligations for the scope of assistance requested.
 - An extension of the time frame(s) set for the correction of serious hazard(s) may be requested in writing if the company has made a good faith to correct the hazard(s), show that the delay was beyond its control, and have given assurance that interim safeguards are in use to protect employees from the hazard(s).

Date: _____ Signature: _____

Name: _____ Title: _____

Please return form by mail to:

Industrial Health & Safety Program

Mississippi State University

Suite B, Hwy 18

Brandon, MS 39042

By Email to: j.dale@msstate.edu

By Fax to: 601-825-6609