Zip code

State

INSafe Consultation Request Form

Company name

INSafe conducts free, confidential workplace safety and health consultations for facilities and sites within the state of Indiana. INSafe consultants do not impose fines or penalties for safety and health violations. Rather, INSafe consultants work with the employer to identify and correct workplace hazards. All serious and imminent danger hazards identified must be corrected by the agreed-upon correction date(s). Consultations are prioritized, giving priority to small and high-hazard employers.

At the conclusion of the consultation, the employer will receive a report summarizing the consultant's findings including any identified hazards, correction due dates and/or recommendations for continuous improvement.

If an imminent danger hazard is identified, the employer is required to take immediate corrective action. Employers must also provide employees with interim protection until serious safety and health hazards have been corrected. The INSafe consultant will work with the employer to determine an appropriate correction time period for any hazards identified (if applicable).

The employer is required to submit written documentation of corrective action. Failure to immediately correct imminent danger hazards could result in a referral to IOSHA enforcement. Failure to correct serious hazards within the established correction period may result in a referral to IOSHA enforcement. If additional hazard correction time is needed; the employer must request an extension.

City

Mailing address

| Site Street Address (If different from mailing address) | | | | | | | S | ite city | Site state | | Site zip code | |
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| Contact name (Include first and last) Job title | | | | | | | C | Contact phone | Contact fa | Х | Contact email | |
| | | | | | | | | | | | | |
| Enforce | nent activity | у | | | | | | 1 | | | | |
| Have yo | u had an IO | SHA i | nspection at | this site in | If you ha | ou have had an IOSHA inspection: | | | | | | |
| the last twelve (12) months? | | | | | | | | | | | | |
| | Yes | | | | What wa | What was the approximate date of your last IOSHA inspection? | | | | | | |
| | | | | | Have you received a safety order or closing letter showing the results of this inspection? | | | | | | | |
| | No | | | | | Yes | | | | | | |
| | | _ | | | | No | | | | | | |
| Compan | y NAICS | Pul | • | e sector employ | | | | # Employee | s at site | # Eı | # Employees Company-wide | |
| | | | | or employer (C | ity, town, s | tate agency | y, etc.) | | | | | |
| Private sector employer Type of business (e.g. construction, manufacturing, healthcare, or section of the sector employer and the sector employer | | | | | | | | | | | | |
| Type of business (e.g. construction, manufacturing, neartheare, etc.) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Consultation type | | | | | | Consultation scope | | | | | | |
| A safety consultation will generally concentrate on physical | | | | | | Full-service consultation requests provide a safety and/or health hazard | | | | | | |
| hazards including, but not limited to, machine safeguarding, | | | | | | assessment of all working conditions, equipment and processes at the | | | | | | |
| electrical safety, emergency evacuation, forklift safety | | | | | ty, etc. | , , , , , , | | | | | | |
| A health consultation will generally consist of air and/ | | | | | | workplace injury and illness data. | | | | | | |
| noise sampling, monitoring or evaluation. | | | | | | Limited-scope consultation requests prove a less-comprehensive safety and/or | | | | | | |
| If both a safety and a health consultation are desired, please | | | | | | health assessment than a full-service request. For example, a limited service | | | | | | |
| - | th boxes. | u ne | aitii toiisuitu | tion are aesired | i, pieuse | consultation may focus on a specific machine, area at the worksite as well as a review of the employer's safety and health programs and workplace injury and | | | | | | |
| | | | | | | illness data. | | | | | | |
| | Health | | | | | | Full-servi | ce | | | | |
| | Safety | | | | | | Limited-service | | | | | |
| Please include any additional information or comments about this consultation below. If you are requesting a limited-service consultation, | | | | | | | | | | | | |
| please indicate the scope. | | | | | | | | | | | | |
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| How did | vou loorn o | f INIC | ofo's somiso | e2 | | | | | | | | |
| HOW did | you learn o | IIII) | afe's service | 31 | | | | | | | | |
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