

**Iowa Division of Labor
OSHA Consultation & Education**

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FOR OFFICE USE ONLY	
Date received:	_____
Training date:	_____

Request for Services by Educational Staff

Name of business or association requesting service				
Mailing address		City	State	Zip
Address training will take place		City	State	Zip
Same as mailing address				
Contact person		Title		
Phone number	Fax number	Email address		
What type of training are you requesting?				
		Conference booth	Speech (topic)	10 hour construction
		10 hour general industry	Other:	
Comments:				
Estimated number of attendees:		Date and time of training (if already scheduled):		
NAICS code/Business type		Have you had an OSHA enforcement or OSHA Consultation visit in the last 12 months? Yes No If yes, date(s):		

I understand that consultation services are made available to me at no cost through Federal and State funds. I certify that the information submitted on this form is true and accurate to the best of my knowledge.

Name of individual completing form		Title	Email
Signature			Date