

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

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**FOR OFFICE USE ONLY**

Date received: _____
Date of visit: _____

# Request for On-Site Visit

Business Name			
Site address		City	State    Zip
Mailing address		City	State    Zip
Contact Person	Title	Email address	
Phone number	Cell number	Fax number	
How did you learn of our services?			
What type of visit are you requesting?    Safety    Health    Safety and Health			
Total number of employees at site:	Total number of employees controlled nationwide:		
NAICS code/Business type	Have you had an OSHA enforcement visit in the last 12 months?    Yes    No If yes, dates:		
Union Representation?    Yes    No	Union name (if applicable)		Phone number
Union address		City	State    Zip

I understand that consultation services are made available to me at no cost through Federal and State funds. I further understand that, following the on-site survey, I will receive a written report and that the Consultant will preserve in confidentiality all information obtained as a result of the survey. There will be no penalties or fines assessed. The results and recommendations in this report are based on the conditions that were present during our survey and on the best information available to the consultant at the time of the survey, and do not replace any other needed or required safety or health monitoring for your facility. The advice and written report of the Consultant will not be binding on an OSHA Compliance Officer in the event of an inspection, nor shall the failure of the Consultant to identify a specific hazard affect the regular conduct of an OSHA Compliance Officer.

I agree to correct all serious hazards, which are identified by the Consultant, and to allow the Consultant to confer with individual employees, as necessary during the course of the visit, in order to identify and judge the nature and extent of particular hazards. If there is a recognized employee representative, I agree to allow that representative the opportunity to participate in the opening and closing conference and to accompany the consultant and the employer's representative during the physical walk through of the workplace. In the event that serious hazards are identified in the written report, I agree to post, unedited, the List of Hazards at a prominent location where it is readily observable by all employees for three working days or until the hazard has been corrected, whichever is later.

If difficulties are encountered in correcting serious hazards within the established time frame, an extension may be granted. These extensions must be requested in writing on or before the correction due date along with an explanation of the interim protection taken to prevent injuries or illnesses. A form for that purpose is included in the written report.

Name of individual completing form	Signature	Title	Date
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