OSHA CONSULTATION REQUEST FORM

www.labor.ok.gov

Mark Costello, Commissioner

OKLAHOMA DEPARTMENT OF LABOR
3017 N. Stiles, Suite 100
Oklahoma City, OK 73105
405-521-6141
FAX 405-521-6020

Diana Jones, Director

Legal Name of Company: _____

Name of Contact Person: _____

Contact Person Title: _____

Contact Person Phone: _____ Ext: _____ Fax: _____

Contact Person EMail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Type of Business: _____

SIC/NAICS: _____

Number of Employees at this Location: _____

Number of Employees in Corporation (In United States): _____

Check Services of Interest:

- ☐ Hazard Identification
- ☐ Industrial Hygiene (Monitoring)
- ☐ Program Development / Assistance
- ☐ Other (Please Specify): _____