

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

1000 East Grand Avenue  
 Des Moines, IA 50319-0209  
 Phone: 515-281-7629  
 Fax: 515-281-5522

[oshaconsultation@iwd.iowa.gov](mailto:oshaconsultation@iwd.iowa.gov)  
[www.iowaosha.gov](http://www.iowaosha.gov)

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_  
 Received: \_\_\_\_\_  
 Date of Training: \_\_\_\_\_

**Iowa OSHA Safety and Health Consultation and Education  
 REQUEST FOR SERVICES BY EDUCATIONAL STAFF**

Name of Company or Association Requesting Service:	
Company Mailing Address (Include City, State and Zip)	(Employer Phone #)
Address Where Training or Speech Will Take Place (Include City, State and Zip)	
What type of training are you requesting? (Please check appropriate box)	
<input type="checkbox"/> Conference (Booth)	<input type="checkbox"/> Speech
<input type="checkbox"/> 10-Hour Construction	<input type="checkbox"/> 10-Hour General Industry
	<input type="checkbox"/> Other Training
Comments:	
Attendees/Trainees are in what type of industry or construction? Standard Industrial Classification (SIC) and NAICS (North American Industrial Classification System Codes), if known.	
Code:	
Estimated Number of Persons Attending:	Have you already set a date and time for this training? If so, when?
Contact Person:	Email address:
Title:	Telephone Number:
Have you had an OSHA Enforcement Inspection or a Consultation Visit in the last 12 months?      Yes <input type="checkbox"/> No	
You may mail the completed request form to our office at the address on the top of this form. Our fax number is 515-281-5522. One of our consultants will contact you to arrange for your training. If you need to contact our office, please call 515-281-7629 to leave a message.	
Signature	Title
	Date

I understand that consultation and education services are made available to me at no cost through Federal and State funds.

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