

# **For North Carolina Employers**



## **Luke Farley**

Commissioner

1-800-NC-LABOR (1-800-625-2267)

www.labor.nc.gov













#### **Safety and Health Consultation Program**

The N.C. Department of Labor has a program to assist small employers, especially those in high hazard industries, to reach their goal of achieving a safe and healthful workplace for their employees. Experienced professional safety and industrial hygiene consultants will identify safety and health hazards in your business or industry, supply recommendations to reduce or eliminate these hazards, and assess your safety and health management program. Our goal is to help your business meet safety and health regulations and develop an ongoing, effective safety and health management program. We will provide confidential, comprehensive written reports containing our findings and recommendations for free.

#### **Get Started Today!**

Easy as 1, 2, 3

#### **Step 1: Request**

Contact us by faxing, mailing or emailing in the request form in this brochure, or by visiting our website at **www.labor.nc.gov** and submitting your request online. If you have any questions, please feel free to telephone us to discuss them.

#### Step 2: On-Site Visit

The consultant will call to arrange a convenient date and time to conduct the on-site assessment. The visit includes an opening conference with top management, followed by a walk-through assessment of the facility to identify safety and/or health hazards and evaluate work practices. The consultant will confer with a reasonable number of employees and, in unionized workplaces, an employee representative must be afforded an opportunity to participate in the walkaround, plus the opening and closing conferences. Employee and employer training can be conducted or arranged for later if necessary. Written programs are reviewed, and a safety and health assessment is conducted. The consultant may provide some sample programs that can be useful. The visit concludes with a closing conference to discuss findings and recommendations. If hazards are identified, the employer and the consultant set and agree on a date for correction.

#### **Step 3: Evaluation and Report**

Following the visit, a report detailing findings, recommendations, and ways to improve your safety and health management program is prepared and forwarded to the employer. The consultant is available at any time to assist further if necessary.

The report will itemize and discuss any hazards found during the visit. Our program requires the employer to correct all hazards identified and provide the consultant with written confirmation of hazard correction on or before the agreed upon correction due date. If an employer is unable to correct a hazard by the date specified, an extension may be requested.

In some instances, a return visit may be necessary. For example, the consultant may need to remonitor air quality or verify that hazards have been properly corrected.

#### **Additional Information:**

Two types of surveys are available. An employer may request a facility-wide (full-service) safety and health survey or a specific safety and/or health survey limited to only one or more issues.

Health surveys concentrate on issues such as exposure to air contaminants, ventilation, noise measurementsand controls, hazardous chemicals, ergonomics, respirators, bloodborne pathogens, and hazard communication. Safety surveys address such issues as walking/working surfaces, machine guarding, electrical hazards, fire protection, means of egress, mechanical equipment, protective equipment, power tools, housekeeping, and sanitation. All surveys will include assistance and information to develop a successful safety and health management system.

The employer's obligation in accepting these services is to correct all hazards identified by the consultant within a reasonable period. This commitment is made in advance. The employer must agree to post the list of hazards that accompanies the consultant's report. If an employer refuses to correct or verify correction of a serious hazard, the bureau chief may refer the matter to compliance, an extremely rare occurrence in this program.

#### **Summary**

#### The Consultation Program will:

- ★ Provide free on-site consultation services at your request and consent.
- ★ Help you detect potential safety and health hazards.
- ★ Assist you with your safety and health management program.
- ★ Provide technical assistance.
- ★ Answer your general questions about OSH Compliance.
- ★ Provide employee/employer training.
- \* Assist you in qualifying for recognition/exemption programs.

#### The Consultation Program will not:

- ★ Issue citations or propose penalties for violations of OSH standards.
- ★ Guarantee that any workplace will be free from all OSH violations.

(In FY 2025, the onsite consultation program was authorized \$1,516,800 in federal funding, which represents a 55 percent share of the costs.)

All materials, photographs, graphics and illustrations created by the N.C. Department of Labor may be used for educational and training purposes as long as reference to NCDOL is provided.

Any use of materials for commercial purposes is hereby prohibited.



### Request for **FREE** Safety and Health Consultation

Please complete, print and sign form. Then scan and email to dol.consultationmail@labor.nc.gov or fax to 919-707-7964.

You will receive an acknowledgment letter confirming your receipt.

Name of company/employer:	(PLFAS	E USE THE LEGAL NAME)	
Site address:		2 GGE THE LEGAL TWINE,	
	(STREET	ADDRESS, CITY, STATE, ZIP)	
Mailing address:	(STREET	ADDRESS, CITY, STATE, ZIP)	
Person to contact:		Job title:	
Telephone number:	Ext.:	Fax number:_	
Email address:			
Type of business and description of process: _			
North American Industry Classification System To determine your NAICS code, visit www.census.gov/eos/www/na			
Number of employees:			
At your establishment/worksite	Unemploy	ment Insurance # (Required)	
Controlled by your company nationwide	e I	n area you want surveyed, if a	a limited scope survey request
Please select the type of visit you are requ	esting:		
Full Service			
□ Safety □ Health	□ Bot	th Safety and Health	☐ SHARP Renewal
Limited Service			
☐ Safety Visit Only/Please specify safe (Machine Guarding, PPE, Electrical Hazards, power tools	•	☐ Health Visit Only/Please (Noise, Air Contaminants, Ventilation, R	e specify health issue espirators, Ergonomics, bloodborne, etc.)
Briefly describe purpose of visit/Area you want surveyed		Briefly describe purpose of visit/Area you want surveyed	
Have you had an OSHA Compliance Inspec	ction completed	in the last 2 years? □ Ye	es □ No
How did you hear about us: (Media, Direct	Solicitation, Safe	ty/Health Conference, Profe	essional Trade Publication)
Check one: □ I DO □ I DO NOT give per	rmission for the c	onsultant to send my report	via email.
I am authorized to request that the N.C. Department of Labor, Consulta and it does not increase the probability that my company will receive will be provided. I understand that the company is obligated to correct a the consultant to confer with employees. Photos taken by my company or I	e an inspection from the cany hazards observed by t	Compliance Bureau. Following each surve he consultant within the agreed upon time,	y, a written report of the consultant's findings to post the list of hazards found, and to allow
SIGNATURE OF AUTHORIZED COMPANY OFFICIAL			DATE
(PRINT or TYPE NAME)			JOB TITLE