



Josh Dobson

Commissioner of Labor

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

www.labor.nc.gov



Consultative Services Bureau

For North Carolina Employers

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 need to 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, agreements 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 measurements and 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 also 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 2021, the onsite consultation program is authorized \$1,560,700 in federal funding, which represents a 63.7 percent share of the costs.)

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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 919-707-7966.
You will receive an acknowledgment letter confirming your receipt.

Name of company/employer: _____
(PLEASE USE THE LEGAL NAME)

Site address: _____
(STREET ADDRESS, CITY, STATE, ZIP)

Mailing address: _____
(STREET ADDRESS, CITY, STATE, ZIP)

Have you moved within the past two years? If so, please provide previous address: _____

Person to contact: _____ Job title: _____

Telephone number: _____ Ext.: _____ Fax number: _____

Email address: _____

Type of business and description of process: _____

North American Industry Classification System (NAICS): _____

To determine your NAICS code, visit www.census.gov/eos/www/naics

Number of employees:

_____ At your establishment/worksite Unemployment Insurance # (Required) _____

_____ Controlled by your company nationwide _____ In area you want surveyed, if a limited scope survey request

Type of Request (please read carefully):

Full Service

☐ Safety ☐ Health ☐ Both Safety and Health ☐ SHARP Renewal

Limited Service

☐ Safety Visit Only/**Please specify SAFETY issue**
(Machine Guarding, PPE, Electrical Hazards, power tools, working surfaces, etc.) ☐ Health Visit Only/**Please specify HEALTH issue**
(Noise, Air Contaminants, Ventilation, Respirators, Ergonomics, bloodborne, etc.)

_____ Briefly describe purpose of visit/Area you want surveyed

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Have you had an OSHA Compliance Inspection completed in the last 2 years? ☐ Yes ☐ No

How did you hear about us: ☐ Client Referral ☐ Direct Solicitation (type: _____)

☐ Media (type: _____) ☐ OSHA Publication ☐ OSHA Complaint Referral ☐ Other: _____

☐ Professional Trade Association Publication ☐ Referral from Other Discipline ☐ Safety/Health Conference

Check one: ☐ I DO ☐ I DO NOT give permission for the consultant to send my report via email.

I am authorized to request that the N.C. Department of Labor, Consultative Services Bureau, conduct a consultative survey of my company. I understand that this service is free of charge and it does not increase the probability that my company will receive an inspection from the Compliance Bureau. Following each survey, a written report of the consultant's findings will be provided. I understand that the company is obligated to correct any hazards observed by the consultant within the agreed upon time, to post the list of hazards found, and to allow the consultant to confer with employees. Photos taken by my company or NCDOL at business related events may be used in publications or presentations by either party.

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL

DATE

(PRINT or TYPE NAME)

JOB TITLE

