### Request a free and confidential consultation

#### COMPANY INFORMATION

<table>
<thead>
<tr>
<th>Company Name:</th>
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<tbody>
<tr>
<td>Company DBA:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City/State:</td>
<td>Zip</td>
</tr>
<tr>
<td>Work Site Address:</td>
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</tbody>
</table>

Number of employees at site_________; in company_________

Union ___Yes  ___ No

OSHA 300 logs ___Yes  ___ No ___ N/A

Web Site URL:  

Industry:  

#### CONTACT INFORMATION

Name:  

Title/Position:  

Email Address:  

Phone:  

Fax:  

#### TYPE OF ASSISTANCE

Identify the requested types of assistance below (choose from A or B, C and D)

- **A. Hazard Identification Limited** (Survey limited to specific operation, equipment, or loss source **not entire** facility and job site):
  - [ ] Health  
  - [ ] Safety  
  - [ ] Both

  Describe what you want us to focus on:

- **B. Hazard Identification Full Service** (complete hazard survey, technical program evaluation for the entire facility and job site):
  - [ ] Health  
  - [ ] Safety  
  - [ ] Both

- **C. Development of Safety and Health Program**
  - [ ] Comprehensive (development of company-wide safety policy)
  - [ ] Limited (Limited to items associated with Hazard Survey in item A or B)
D. Training & Assistance in:

___ Health
___ Safety
___ Both

Did you receive a letter from OSHA?  ☐ Yes  ☐ No

Is an OSHA inspection currently ongoing?  ☐ Yes  ☐ NO

How did employer learn of the UVICELL Safety in Paradise Program?
☐ Direct Mail  ☐ Web  ☐ Word of Mouth
☐ Newspaper  ☐ Radio  ☐ Television
☐ Referral

Would you like to receive other information on UVICELL?
☐ Individual Training  ☐ Corporate Training  ☐ Consulting/Professional Services

Comments or Additional Information:

[Blank space for comments]