



REQUEST FOR SERVICES

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Type of Business _____

Contact Person _____

Phone # _____ Fax # _____

Insurance Carrier _____ Self-Insured Group _____

Website _____ E-mail Address _____

NOTE: You may request services from *both* your insurance carrier *and* the Missouri Workers' Safety Program.

1. I am interested in receiving the following services from my workers' compensation insurance carrier:

- Assistance in developing a comprehensive safety and health program
- Assistance in identifying health hazard exposures
- Assistance in conducting accident investigations
- A review of existing written safety programs
- A safety and health review, including an on-site visit
- Assistance in establishing a return-to-work program
- Assistance in establishing the following written program(s):

<input type="checkbox"/> Hazard Communication	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Personal Protective Equipment
<input type="checkbox"/> Hearing Conservation	<input type="checkbox"/> Bloodborne Pathogen	<input type="checkbox"/> Forklifts & Industrial Trucks
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Fire & Emergency Action Plans	<input type="checkbox"/> Other _____	

2. I am interested in receiving the following free services from the Missouri Workers' Safety Program:

- Safety consultant visit, including:
 - Advice on workers' compensation, including discussion of experience modification, classifications, rates, reserves and employer choice of physician
 - A walk-through safety review of my facility
 - Advice on how to establish a basic safety program
 - A review of my current safety program
- A copy of the MWSP's registry of certified safety consultants and engineers
- Information on the Missouri Safety and Health Consultation Service

Mail or fax this completed request form to:

Missouri Workers' Safety Program

P. O. Box 449

Jefferson City, MO 65102-0449

Phone 573-751-3403 Fax 573-751-3721

E-mail: mwsp@dolir.mo.gov



Further information is available on our Internet homepage: <http://www.dolir.mo.gov/lr>