



Navajo Nation
Occupational Safety & Health Administration
The Division of Human Resources
Consultation Request Services Form

Date of Request: _____ Consultation #: CRS- _____

Establishment Name: _____

Department/Program Chapter: _____ Corporation Other

Nature of Business: _____

Company Physical Address: _____

Contact Person & Position title: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____ Fax Number: _____

Where did you hear about us?: _____

Have you used our services before?: Yes No If yes, Specify): _____

Identify your request : Safety Health Both Safety & Health

How many employees do you have in your office?: Number of Employees: _____

What is your business type: General Industry Occupation: _____

Construction Industry Trade: _____

Public Sector Other: _____

What type of work/process is conducted at this site?: _____

In your words, please identify your specific area of interest or concern:

Return to: Navajo Nation Occupational Safety & Health Administration
Post Office Box 1447 Window Rock, Arizona 86515
Phone: (928) 871-6742 Fax: (928) 871-6825

PLEASE SUBMIT FORM TO:
nnosha.request@navajo-nsn.gov