



Service Request Form

Please print or type one form per job site.

Company Name _____ Contact Person _____

Wyoming Workers' Compensation policy number _____

Physical Address (do not use P.O. Box) _____

City _____ State _____ Zip _____

Mailing address, if different: _____

Email _____ Telephone _____ Fax _____

TYPE OF SERVICE REQUESTED

(Be advised: A comprehensive evaluation is required to be eligible for a workers' compensation premium discount.)

Comprehensive safety and health evaluation (A Wyoming Workers' Compensation Safety and Risk Safety Specialist will conduct an evaluation of the employer's safety and health management systems and the facility/jobsite. The Safety Specialist will collaborate with the employer to recognize trends, hazards, and other components that might put employees at risk for injuries and/or accidents.)

Specific/Limited evaluation

- Anchor Testing
- Mold Survey
- Noise Survey
- Air Survey

Program Assistance

- Bloodborne Pathogens
- Confined Space
- Hazard Communication
- Health & Safety
- Hearing Conservation
- Lockout/Tagout
- Personal Protective Equipment
- Process Safety
- Respiratory Protection
- Other _____

Please note: The undersigned understands that all serious hazards or program deficiencies identified in the evaluation must be corrected.

Requesting Management Representative's Signature & Title _____ Date _____

Please return completed form to:
 Wyoming Department of Workforce Services
 Division of Workers' Compensation Safety & Risk
 1510 East Pershing Blvd., West Wing
 Cheyenne, WY 82002
 Phone: 307-777-8901/Fax: (307) 777-3646