



# 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       Construction       Industrial Hygiene       Other \_\_\_\_\_

**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