

MEDICAL UNIT SERVICES REQUEST

(IMPORTANT! ATTACH CAL/OSHA INSPECTION FORM)

1. EMPLOYER INFORMATION

NAME

ADDRESS

CITY

MANAGEMENT REPRESENTATIVE & TITLE

PHONE

LABOR REPRESENTATIVE (If applicable)

PHONE

2. REQUESTOR

NAME

CHECK ONE

SE

IH

CHECK ONE

COMPLIANCE

CONSULTATION

OFFICE

REGION

DISTRICT

PHONE

DATE OF REQUEST

INSPECTION ID NO. AND FISCAL YEAR

CHECK ONE

ROUTINE

URGENT

3. APPROVAL

DISTRICT MANAGER SIGNATURE

4. REQUESTED SERVICES

Include information regarding health hazard, sampling data, medical surveillance, personal protective equipment, number of employees affected, and any other information you think would be helpful.

5. MEDICAL UNIT USE ONLY

ASSIGNEE

DATE