

Request for Loss Control Assistance

Please complete and fax or mail to:
DHRM-Office of Workers' Compensation / Loss Control
101 N. 14th Street, 6th Floor
Richmond, VA 23219
Fax: 804-786-8840

Name: _____ Date of Request: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Agency and Facility: _____

Facility address: _____

Signature and title of person authorizing request

I need help with the following:

- _____ OSHA-type program review/development assistance
- _____ Snapshot Survey (Facility hazard survey/inspection)
- _____ Job Safety Analysis (specify task)
- _____ Agency-specific safety training materials and/or speaker (specify event, date and topic)
- _____ Information/research on a safety topic (specify topic)
- _____ Agency-specific safety article (specify topic)
- _____ Ergonomic Assessment

Please give us a detailed description of your request. Please be specific about areas, tasks, topics, dates, rationale for request, any claims history that has impacted your request, number of employees to be trained, etc.