



Service Request Form

(Service Request Form good for 90 days after date signed)

Company Name: _____ Contact Name: _____

Wyoming Workers' Compensation Policy Number: _____

Physical Address (do not use a PO 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 discount)

Comprehensive Safety and Health Evaluation (A Wyoming Workers' compensation Safety and Risk Specialist will conduct an evaluation of the employer's safety and health management systems and the facility/jobsite.)

Specific/Limited Evaluation

Anchor Testing Construction Industrial Hygiene Other _____

Program Assistance

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

Please note: **The undersigned understands that they need to correct all serious hazards or program deficiencies identified in the evaluation.**

Requesting Management Representative Signature & Title

Date

Please return completed form to:
Wyoming Department of Workforce Services
Division of Workers' Compensation Safety & Risk
444 W Collins Dr, Ste 1500, Rm 1506, Casper, WY 82601
Phone: (307) 777-8901
Fax #: 307-777-2893

Please include all addition job site addresses below:

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

City: _____ State: _____ Zip: _____

Location physical address: _____

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