**Request for Occupational Health Nurse Consultation**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of company/employer:

Site address:

Mailing address:

Person to contact:

Job title:

Telephone number:

Fax number:

Email address:

Type of business and description of work process:

North American Industry Classification System (NAICS) code:

Number of employees:

**Please describe your request:**

**How did you hear about this service?**

**Please send request form to Karin A. Evanoff, RN, OHN karin.evanoff@dhhs.nc.gov**