



Oregon OSHA Consultation

Employer Name _____ Consultative Report # _____

Initial Meeting

Confidentiality

Yes No The employer has requested and OR-OSHA has agreed to hold all information associated with this consultation confidential to the extent provided for by law. (Employee exposure records must be shared with affected employees per OAR 437 Div.2 1910.1020)

Signature _____ Consultant _____ Date _____

Authorized Representative for Employer

Print Name: _____

Title: _____

- Name of Employer Representative _____
- Name of Employee (SC) Representative _____
- Explain Purpose and Scope of Consultation _____
- Explain Process (written programs, recordkeeping, hazard assessment walkthrough, safety committee, and safety and health management)
- Obligation to Protect Employees if Imminent Danger _____
- Relationship between Enforcement and Consultation _____
- Trade Secrets _____
- PPE _____

Closing Meeting

- Participants _____
- Observation and Recommendations _____
- Effective Safety & Health Management and Self-Sufficiency _____
- Action Planning _____
- Oregon OSHA Services _____
- Report and Consultation Evaluation Form _____

Comments: _____
