Service Request Form

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.

__________________________________________ Date

Requesting Management Representative Signature & Title

Please return completed form to:
Wyoming Department of Workforce Services
Division of Workers’ Compensation Safety & Risk
851 Werner Court, Casper, WY 82601
Phone: (307) 777-8901

Doc Type: WCSRSR
Please include all addition job site addresses below:

Location physical address: __________________________________________________________
City: __________________________ State: __________________________ Zip: __________________

Location physical address: __________________________________________________________
City: __________________________ State: __________________________ Zip: __________________

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City: __________________________ State: __________________________ Zip: __________________

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