

OSHA Consultation Publication Request

Complete and Submit Form to: NaKeyia Higgins | Phone: 501-682-4528
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Mailing Address: Arkansas Department of Labor and Licensing
OSHA Consultation Section
900 West Capitol Avenue, Suite 400
Little Rock, AR 72201

Name: _____

Company Name: _____

Business Mailing Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

E-mail: _____

Quantity Name of Publication:

_____ **Safety Section Services Brochure**

_____ **OSHA Consultation Brochure**

_____ **SHARP Program Information Brochure**

_____ **SHARP Tier Award Brochure**

_____ **Safety at Work Book**

_____ **Media Library Book** (Training DVD List)

_____ **Arkansas Workers' Safety Conference Brochure** – organized by city: _____

(Please specify the city/region of Arkansas you are requesting a brochure for)

Temporary Workers' Book:

_____ in English

_____ in Spanish

Youth Work Safety Brochures:

_____ Jobs in the Sun

_____ Jobs in the Heat

_____ Outdoor Jobs

_____ Food Service Jobs

_____ Retail Service Jobs

_____ Janitorial & Housekeeping Jobs

Postings:

_____ Notice to Employer & Employee Chemical Right to Know Act

_____ Notice to Employer & Employee Minimum Wage

_____ Human Trafficking Notice