



INDUSTRIAL SAFETY CLINIC
CONSULTATION REQUEST FORM

(Return by Fax or mail to the below)

Industrial Safety clinic, 714, MTH Road, Mannurpet, Near Ambattur Industrial Estate, Chennai- 600 050

Ph: 044-26242038, 9840770786 Fax: (044) 2624-2318 Email: info@safetyclinic.in

(a) Name/Title	:	_____
(b) Company Name	:	_____
(c) Address	:	_____ _____ _____
(d) Location for Consultation (if different from address)	:	_____ _____ _____
(e) Phone/Fax	:	_____
(f) E-Mail	:	_____
(g) Type of Business	:	_____
(h) Number of Employees at this location	:	_____
(i) How can we help you (Check all that apply)	:	<input type="checkbox"/> General Safety / Health Consultation <input type="checkbox"/> Training needs <input type="checkbox"/> Assessment and Monitoring <input type="checkbox"/> Ergonomic Assessment (including Computer workstations) <input type="checkbox"/> Consultation on specific process or work area. (Please describe) _____ <input type="checkbox"/> Others. Please explain _____ _____

I certify that all the particulars furnished above by me are true to the best of my knowledge.

Date:

Designation

Place:

Signature