DEPARTMENT OF BUSINESS AND INDUSTRY/DIVISION OF INDUSTRIAL RELATIONS

MINE SAFETY AND TRAINING SECTION 400 West King Street, #210, Carson City, NV 89703

Phone (775) 684-7085 Fax (775) 687-8259

Email: <u>mines@business.nv.gov</u> Web Page: <u>http://dir.nv.gov/MSATS/Home/</u>

Technical Assistance Request Form*

Date:	Mine Inspector:	County:
Company Name: Mine Name:		Vame:
Mine ID: Email:		
Contact Person:	Phone:	Fax:
Mine Inspection Request: Regular Inspection New Inspection	Courtesy Inspection	Last Inspection Date:
Ground Resistivity Reque	st INumber of Groundings Needed:	Date of Last Ground Test:
New Grounding	Number of Groundings Needed:	
Boiler/Pressure Vessel Ins	pection Request: Number:	Date Last Inspected:
Boiler(s)	Number:	Date Last Inspected:
 Industrial Hygiene Reques Dust/Silica Cassett Metal Cassettes Other 	st for monitoring materials: res Number: Number: Number:	Date Needed: Date Needed: Date Needed:
Industrial Hygiene Reques Dust/Silica	st for Survey:	Other (explain):
Industrial Hygiene Request for Information: Status of monitoring results (Description): Exposure/TLV Calculations: Date Conducted:		Date Conducted:
Substance Informa	tion (Identify the Substance):	
Monitoring/Analyt		
Personal Protective	e Equipment Information:	
Monitoring Equipt	nent:	
Uther (noise, engir	eering, ventilation, etc.):	
Request for Printed Mater		
Note: Please mail, email or fax this request to our office (also maintain a copy for MSHA verification if needed)		
Date Received:	Date Operation Contacted:	Date Completed: