

DEPARTMENT OF BUSINESS AND INDUSTRY/DIVISION OF INDUSTRIAL RELATIONS

MINE SAFETY AND TRAINING SECTION

1886 College Parkway, #120, Carson City, NV 89706

Phone (775) 684-7085

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

Technical Assistance Request Form*

Date: _____ Mine Inspector: _____ County: _____

Company Name: _____ Mine Name: _____

Mine ID: _____ Email: _____

Contact Person: _____ Phone: _____ Fax: _____

Mine Inspection Request:

- Regular Inspection Courtesy Inspection Last Inspection Date: _____
 New Inspection

Ground Resistivity Request

- Re-Grounding Number of Groundings Needed: _____ Date of Last Ground Test: _____
 New Grounding Number of Groundings Needed: _____

Boiler/Pressure Vessel Inspection Request:

- Pressure Vessel(s) Number: _____ Date Last Inspected: _____
 Boiler(s) Number: _____ Date Last Inspected: _____

Industrial Hygiene Request for Survey:

- Dust/Silica Qty. _____ Noise Qty. _____ Other (explain): _____

Shift Start Time: _____	Shift End Time: _____
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**Note: When requesting MSATS to perform industrial hygiene sampling, please indicate the shift start time and end time.*

Industrial Hygiene Request for Information:

- Status of monitoring results (Description): _____ Date Conducted: _____
 Exposure/TLV Calculations: _____
 Substance Information (Identify the Substance): _____
 Monitoring/Analytical Methods: _____
 Personal Protective Equipment Information: _____
 Monitoring Equipment: _____
 Other (noise, engineering, ventilation, etc.): _____

Request for Printed Material: _____

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: _____