**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: 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 monitoring materials:**

**[ ]** Dust/Silica Cassettes Number:       Date Needed:

 [ ]  Metal Cassettes Number:       Date Needed:

 [ ]  Other Number:       Date Needed:

[ ]  **Industrial Hygiene Request for Survey:**

 [ ]  Dust/Silica [ ]  Noise [ ]  Other (explain):

[ ]  **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:** ­­­