**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:** ­­­