

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR AN INDUSTRIAL HEALTH FACILITY LICENSE

TO: Administrator of the Industrial Health Facility

Section 31-374 of the General Statutes in part provides that "A license, unless sooner suspended or revoked, shall be renewable annually without charge, upon the filing by the licensee, and approval by the State Department of Labor, of an annual report upon such date and containing such information in such form as said department prescribes and satisfactory evidence of continuing compliance with requirements."

The enclosed application form must be filled out completely and accurately and returned to us within fifteen (15) days prior to expiration of your license. **Application must be signed with the doctor's handwritten signature** (cannot be faxed or photocopied).

Also, each year, enclose copies of the *Medical Doctor's* current State of Connecticut medical license, the *Registered Nurse's* current State of Connecticut license, and the *First Aider's* current First Aid Certificates. (American Heart Association or American Red Cross)

Data concerning the health services provided in the industrial health facility during the last calendar year should be entered on page two (2) along with a list of the prescription drugs stocked and used on a separate piece of paper.

Receipt of a **completely and accurately filled out application form** will satisfy the requirement for an annual report.

Please return the completed application to:

John Rosa, CONN-OSHA Director
State of Connecticut, Department of Labor
Division of Occupational Safety and Health
38 Wolcott Hill Road
Wethersfield, CT 06109

**CONNECTICUT LABOR DEPARTMENT
OCCUPATIONAL SAFETY AND HEALTH DIVISION
38 Wolcott Hill Road
Wethersfield, CT 06109**

License No.:

APPLICATION FOR INDUSTRIAL HEALTH FACILITY LICENSE

(Check One) Initial _____ Renewal _____

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1. Name of Commercial or Industrial Establishment	3. No. of Employees Eligible for Service						
2. Address of Industrial Health Facility							
Telephone Number	4. No. of Hours Facility Open Per Week						
5. PERSONNEL (Insert Name) USUAL DUTY PERIODS (Specific Hours of Duty)							
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
(a) Medical Director (Print name & attach copy of license)							
(b) Other Physicians							
(c) Registered Nurse (Print name & attach copy of license)							
(d) Licensed Practical Nurses or Physicians Assistant							
(e) "First Aiders"							
Attach copies of American Heart Association or American Red Cross First Aid certificates							

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TYPES OF HEALTH SERVICES PROVIDED (Including Data Regarding Services Provided in the Industrial Health Facility Only)	Number Provided During the Last Calendar year
<u>PHYSICAL EXAMINATIONS</u>	
Pre-placement	
Periodic-General	
Periodic-Employees Exposed to Health Hazards	
Periodic-Employees Exposed to Accident Hazards	
Return to work from Sick Leave or Leave of Absence	
Retirement or Termination	
Other (Specify)	
<u>TREATMENTS</u>	
Occupational Injuries and Illnesses	
Non-occupational Injuries and Illnesses	
Other (Specify)	
<u>SPECIAL SERVICES</u>	
x-Ray Examinations	
EKG	
Physiotherapy	
Audiometric Examinations	
Tonometric Eye examinations	
Pulmonary Function Tests	
Immunizations	
Other (Specify)	
<u>CLINICAL LABORATORY</u>	
<u>HEALTH COUNSELING</u>	

List the prescription drugs stocked and used on a separate sheet of paper.

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This is to certify that I have accepted the position of medical director for the Industrial Health Facility operated by:

Commercial or Industrial Establishment Name:

Address of Industrial Health Facility:

Date: _____ 20 _____

Name: (Type or Print) _____

Signature: _____

(No. and Street) (City or Town)

This is to certify that I am the administrator of the Industrial health facility mentioned above. Application is hereby made under the provisions of Section 31-374 of the General Statutes for a license to operate this industrial health facility.

Date: _____ 20 _____

Name: (Type or Print) _____

Signature: _____

FOR OFFICE USE ONLY

Date Application Received:

Date License Was Issued: