



Project Demographic Form

CCF-52616

1 Source OHS
7501 West 15th Ave
Gary, IN 46406

Phone #: (855) 517-6872
Fax #: (219) 228-8852

Client Company Information:

Company Name:
Address:
City, State, Zip:

Contact:
Phone #:
Email:

Project/ Site Information:

Name:
Address:
City, State, Zip:

Contact #1 Name:
Phone #:
Contact #2 Name:
Phone #:

Is this a new permanent or recurring site location: yes no

* If yes, please reach out to the Operations Department for set up Operations@1Source365.com

Project Duration: 1 – 7 days
 1 week to 4 weeks
 1 month to 3 months
 4 months to 6 months
 6 months or longer

Start Date:

Duration:

Work Schedule: Monday- Friday Saturday Sunday

Hours of Operation: to to to

Total Number of Employees Assigned to this Location:

If you have a preferred or clinic recommendation, please provide full clinic name and address.

Clinic Name:
Address:
City, State, Zip:

Contact:
Phone:
Email:

NOTE: 1 Source will set-up the clinic network in the provided area for the below injury treatment services.

- ✓ Work Related Injury Care
- ✓ After-Hours Emergency Treatment
- ✓ Post-Accident/Incident Drug & Alcohol Testing *(if applicable)*

Please check any additional services that will be required during this project:

Pre-Employment (Pre-Access) Exams / Services
Periodic/Annual Exams / Services
Exit Exams / Services
Respirator Clearance *includes:*
 - OSHA Respirator Questionnaire
 - PFT (if needed)
Qualitative Fit Testing
Quantitative Fit Testing

Return to Duty/ Fitness for Duty Evaluations
Random Drug & Alcohol Testing
Lab Surveillance / Pre & Post Exposure
On-Site Saliva Drug & Alcohol Testing

Please email completed form back to 1 Source at Resource@1Source365.com or Fax to (219) 228-8852