



Gold Health and Safety Consulting

14916 Condon Ave. # 1, Lawndale, CA 90260
(310) 219-1955 · (310) 219-1934 - F

CONSULTING SERVICES AGREEMENT AND RECEIPT

GSC Job Number: _____

Client Name: _____

CLIENT DESIRES TO RETAIN GOLD HEALTH & SAFETY CONSULTING AS ITS AGENT TO COMPLETE CONSULTING SERVICES AT THE PROPERTY (THE "PROPERTY") LOCATED AT:

THE SERVICES TO BE PERFORMED CONSISTS OF THE FOLLOWING:

INSPECTION DATE: _____

\$ _____ **Hourly Rate** x _____ **Hours**

\$ _____ **Mileage** _____ x 0.405/Mile

\$ _____ **Other Charge(s)** _____

\$ _____ **TOTAL PRICE OF SERVICES**

Additional Terms of this agreement are printed on the reverse side of this page. By signing in the space provided below, Client hereby agrees to all the terms of this Agreement and above stated pricing:

Client Name _____ Client Signature _____ Date _____ Gold Health & Safety Consulting
Date

Amount of Payment Received: \$ _____ Form of Payment: Cash Check Credit Card

Credit Card Type: _____ Credit Card Number: _____ Exp: _____

Credit Card Client Name: _____

Credit Card Billing Address: _____

**CONSULTING SERVICES AGREEMENT AND RECEIPT
CONDITIONS/EXCLUSIONS/INCLUSIONS**

Definitions:

Client:	The person(s) or entity that has contracted for the services of Gold Health & Safety Consulting.
Visual Inspection:	Visual Inspection (only) of all rooms and exterior. Includes only visible and readily accessible areas.
Screening & Investigation:	A limited investigation, which may include air and/or surface samples. May include destructive testing with Client's permission. A written report is included.
Scope of Work Report:	Written site specific scope of work report specifically for remediation.

Client hereby agrees and understands that the investigation or inspection of the Subject Property, including any monitoring or samples taken at/from the Property, are a limited representation of the conditions of the property with respect to mold conditions at the time of Gold Health & Safety Consulting's on-site activities. The investigation or inspection, and any written report prepared by Gold Health & Safety Consulting, is not intended to represent all harmful airborne contaminants, or all potential health concerns.

The investigation or inspection is limited to visible and accessible areas of the Property's basic primary structure. The **Client** understands that unobserved problems may be present in inaccessible or not readily visible areas, including but not limited to: behind or adjacent to furniture, walls or floor coverings, insulation, obstructions, inside duct work, furnaces, etc. Gold Health & Safety Consulting is not responsible for items or problems hidden or concealed.

In completing the inspection or investigation work, Gold Health & Safety Consulting, and its agents and representatives, are not responsible for disassembling equipment, moving furniture, stored items, carpeting or opening wall coverings. Any destructive or invasive testing performed by Gold Health & Safety Consulting is by Client permission only. Client hereby agrees that if any destructive or invasive testing is performed, Client is responsible for any and all repairs to any surfaces damaged by such testing.

Verbal or written reports, or laboratory analysis results, provided by Gold Health & Safety Consulting on behalf of the **Client** are solely for the use of the **Client** and Gold Health & Safety Consulting. Gold Health & Safety Consulting will not transfer reports for the benefit of a third party without **Client's** express permission. Gold Health & Safety Consulting assumes no responsibility for any future usage of reports or analysis results.

Client assumes all responsibility to initiate further tests, sampling or remediation and to determine the ultimate source of molds and/or correct mold problems. Gold Health & Safety Consulting is not responsible for final determination of the cause or source or elimination of mold. It is the **Client's** responsibility to make available to Gold Health & Safety Consulting all information that may be of assistance to Gold Health & Safety Consulting in the performance of its services.

Gold Health & Safety Consulting is acting as an agent for **Client**. **Client** hereby indemnifies and holds harmless Gold Health & Safety Consulting against and from any claims, liabilities, damages, judgments, fines, penalties or costs of whatever nature (including attorneys fees), whether by reason of death of or injury to any person or loss of or damage to any property or otherwise arising out of or in anyway connected with any negligence or error, whether accidental or not, or any related act or failure to act by Gold Health & Safety Consulting, its agents, subcontractors, servants, employees, licensees or invitees.

This agreement shall be governed by the laws of the State of California. If any term, provision, covenant or condition contained herein shall for any reason be held or deemed invalid, it shall not render invalid any other term, provision, covenant or condition of the Agreement.

Client Initial: _____