

22. Employees/Persons Interviewed During Inspection. Enter name, home address and phone number below.

<p>a. Name/Title: _____ Address: _____ Phone: _____</p>	<p>b. Name/Title: _____ Address: _____ Phone: _____</p>
<p>c. Name/Title: _____ Address: _____ Phone: _____</p>	<p>d. Name/Title: _____ Address: _____ Phone: _____</p>

23. Multi-Employer Worksite? **Yes** **No** If yes, obtain the following information on each employer involved.

<p>a. Employer: _____ Address: _____ Activities: _____</p> <p><input type="checkbox"/> Contract Governing Employer's Work at the Site <input type="checkbox"/> Awareness of Violation <input type="checkbox"/> Violation Foreseeable to Employer <input type="checkbox"/> Steps Taken by Employer to Protect Employees</p> <p>If yes, what specific steps? _____</p> <p>Employer Category (Check all that apply) Exposing <input type="checkbox"/> Creating <input type="checkbox"/> Controlling <input type="checkbox"/> Correcting <input type="checkbox"/></p>	<p>c. Employer: _____ Address: _____ Activities: _____</p> <p><input type="checkbox"/> Contract Governing Employer's Work at the Site <input type="checkbox"/> Awareness of Violation <input type="checkbox"/> Violation Foreseeable to Employer <input type="checkbox"/> Steps Taken by Employer to Protect Employees</p> <p>If yes, what specific steps? _____</p> <p>Employer Category (Check all that apply) Exposing <input type="checkbox"/> Creating <input type="checkbox"/> Controlling <input type="checkbox"/> Correcting <input type="checkbox"/></p>
<p>b. Employer: _____ Address: _____ Activities: _____</p> <p><input type="checkbox"/> Contract Governing Employer's Work at the Site <input type="checkbox"/> Awareness of Violation <input type="checkbox"/> Violation Foreseeable to Employer <input type="checkbox"/> Steps Taken by Employer to Protect Employees</p> <p>If yes, what specific steps? _____</p> <p>Employer Category (Check all that apply) Exposing <input type="checkbox"/> Creating <input type="checkbox"/> Controlling <input type="checkbox"/> Correcting <input type="checkbox"/></p>	<p>d. Employer: _____ Address: _____ Activities: _____</p> <p><input type="checkbox"/> Contract Governing Employer's Work at the Site <input type="checkbox"/> Awareness of Violation <input type="checkbox"/> Violation Foreseeable to Employer <input type="checkbox"/> Steps Taken by Employer to Protect Employees</p> <p>If yes, what specific steps? _____</p> <p>Employer Category (Check all that apply) Exposing <input type="checkbox"/> Creating <input type="checkbox"/> Controlling <input type="checkbox"/> Correcting <input type="checkbox"/></p>

24. Opening and Closing Conference Summary and Additional Comments: Comprehensive Partial

25. Previous Citation History: Yes No If **yes**, attach citation history.

26. Publications Provided:

Guide to Cal/OSHA *Poster* *Other* 1. _____ 2. _____

3. _____ 4. _____ 5. _____ 6. _____

27. If additional sheets are attached, Check this box: