

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



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DOCUMENT REQUEST

EMPLOYER: \_\_\_\_\_ DATE: \_\_\_\_\_ Postmark by: \_\_\_\_\_

EMPLOYER CONTACT: \_\_\_\_\_ Cal/OSHA Inspector: \_\_\_\_\_

As discussed during the inspection on \_\_\_\_\_, it has been determined that copies of the following documents are required for review. Please provide the Cal/OSHA inspector with the required copies by the "postmark" date noted above. If the copies are not provided by that date, it will be interpreted as an admission that the documents do not exist, and possible citations and monetary penalties could result.

Federal ER ID No./

- Checkboxes for various documents: Licenses & Permits, Facility Layout, OSHA Log 300, OSHA 5020, DWC Form 1, Worker's Compensation Insurance Carrier, Injury and Illness Prevention Program, Safety Inspection Records, Employee Training Records, Safety Committee Meeting Minutes, Heat Illness Prevention Program, First Aid Kit approval, Emergency Action Plan, Fire Prevention Plan, Hazard Communication Program, Material Safety Data Sheets, Respiratory Protection Program, Hearing Conservation Program, Exposure Control Plan, Workplace Exposure Records, Chemical Hygiene Plan, Carcinogen Registration, Permits / Variances, Maintenance Records, Safety Instructions, etc.

If you require an extension of time in order to satisfy this request, please contact the Cal/OSHA inspector identified with your inspection at the phone numbers above before the deadline.