## DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



## www.dir.ca.gov/DOSH

## **DOCUMENT REQUEST**

E	MPLOYER:	DATE:	Postmark by:
EMPLOYER CONTACT:		Cal/OSHA Inspector:	
rec the	discussed during the inspection on uired for review. Please provide the Cal/OSHA insp copies are not provided by that date, it will be inter- ations and monetary penalties could result. Federal ER ID	ector with the required or preted as an admission	copies by the "postmark" date noted above. If
	Licenses & Permits:  Business License  State ER Tax I		eg. 🗆 Farm Labor Contractor Rec'd
	Facility Layout (floor plan, evacuation routes, etc)		Rec'd
	OSHA Log 300 (from to)	8 CCR 14301	Rec'd
	OSHA 5020 (Employer's First Report of Injury)		Rec'd
	DWC Form 1 (Worker's Compensation Claim)		Rec'd
	Worker's Compensation Insurance Carrier		Rec'd
	Injury and Illness Prevention Program (written safet	y program) 8 CCR 3203	Rec'd
	Safety Inspection Records		Rec'd
	Employee Training Records		Rec'd
	Safety Committee Meeting Minutes		Rec'd
	Heat Illness Prevention Program 8 CCR 3395		Rec'd
	First Aid Kit approval 8 CCR 3400		Rec'd
	Emergency Action Plan 8 CCR 3220		Rec'd
	Fire Prevention Plan 8 CCR 3221		Rec'd
	Hazard Communication Program 8 CCR 5194		Rec'd
	Material Safety Data Sheets, for		Rec'd
	Respiratory Protection Program 8 CCR 5144		Rec'd
	Hearing Conservation Program (Noise) 8 CCR 5092	7	Rec'd
	Exposure Control Plan / Bloodborne Pathogens 8 C	CR 5193	Rec'd
	Workplace Exposure Records/Monitoring Results		Rec'd
	Chemical Hygiene Plan 8 CCR 5191		Rec'd
	Carcinogen Registration 8 CCR Article 110		Rec'd
	Permits / Variances, for		Rec'd
	Maintenance Records of Equipment		Rec'd
	Safety Instructions / Equipment Manuals		Rec'd
			Rec'd
			Rec'd

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.