EMPLOYER'S SIGNED STATEMENT OF ABATEMENT OF REGULATORY AND/OR GENERAL VIOLATIONS

2.	EMPLOYER:						
	ADDRESS:						
				Street			
		City		State		Zip	
3.	The law requires that violations observed during the inspection/investigation completed on be of the place of employment located at be corrected within the time limit specified. Please notify the Division as soon as these conditions have been corrected by						
	corrected within the time limit specified. Please notify the Division as soon as these conditions have been corrected by returning this completed form. Your response by completing, signing and mailing this form to the issuing office on or before the compliance date may avoid a follow-up inspection of your facilities. Failure to timely complete and return this form may result in issuance of a citation and civil penalty for violation of 8 CCR 340.4(c).						
	NOTE : This form does not serve as a request for a time extension. If there are serious problems beyond your control that prevent meeting a specified abatement date, contact the Division early, well within the 15-day limit allowed for an appeal.				e, contact the	This signed statement or a summary shall be posted for three (3) working days at or near each place the regulatory and/or general violation(s) referred to	
4.	PLEASE COMF	PLETE AND MA	AIL BY		200	in the citation	
			* * * * * * * * * * * *	* * * * * * * * * * * * * * *			
5.	LIST THE SPECIFIC MEASURES & EQUIPMENT TAKEN TO CORRECT EACH CITATION & ITEM NUMBER OF THE UNSAFE CONDITIONS AND DATE OF ABATEMENT						
6.		[] Continued on additional page affected employees and their representatives have been informed about abatement activities referenced in this document onformance with 8CCR Section 340.4(g). \Box Yes \Box No					
7.			e conditions listed in the atement information is ac		ted	ha	ve now been
	Signature: Date:						
	Name:Title:						
8.		OFFICE USE ONLY					
	Division Engineer/Industrial Hygienist:					Date:	
	District Manager:					Date:	
	[] Close / Con	mments:					
9.	Region	District	Inspection No	ID No	Cal/C	OSHA Rpt.No	FY
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