## FIELD REFERRAL TO BUREAU OF INVESTIGATIONS

REFERRAL DATE:		BUI CASE NO		
EMPLOYER NAME:EMPLOYER ADDRESS:		INSPECTION DATE(S):		
IS S	UPPORTING DOCUMENT	TATION ATTACHED:	YES	NO
GRO	OUNDS FOR BOI REFERF	RAL: (CIRCLE ONE)		
1. 2. 3. 4.	Knowing or negligent se serious injury. Repeated violation whicl Failure or refusal to abat correction, which failure	nvolving death or bodily in rious violation involving each creates a real and apparte violative conditions with creates a real and appare moving obstructing or wo	xposure to toxic m rent hazard to empling the time establication the time establication to emplications.	ployees. shed for oyees.
6. 7.	Destroying, defacing, removing, obstructing or working in violation of an Order Prohibiting Use. Submission of a Fraudulent Statement of Abatement. Other:			
	/IH NAME:			
DIST		TELEPHON		
APP COM	TRICT MANAGER: ROVE: DISAPPROVE: MENTS:	DATE:		
REG APP COM	IONAL MANAGER: ROVE: DISAPPROVE: IMENTS:	TELEPHON DATE:		

Cal/OSHA 90B (01/01/00)