Office:

| CHAIN OF CUSTODY | |
|------------------|--|
|------------------|--|

| On | ,was assigned to conduct an inspection at DateSE/IHEstablishment Name | | | | | |
|--------------|--|----------------------------|------------------------|---------------------|-----------------------------|--|
| <u> </u> | Date , | SE/IH | | Es | stablishment Name | |
| | | Establishment I | | | | |
| On | the SE/IH arriv | ed at the worksite to insp | ect and during the cou | rse of the inspecti | on | |
| | Date E/IH determined that it was r | | | | | |
| | | | Ū | | | |
| I ne to | bllowing item(s) were receive | ed fromNan | ne/Title of Person | OT Employer | Name and Addres | |
| | | | on | | | |
| | | | | Date ' | Time | |
| A copy | y was given to same as a re | ceipt: | | | | |
| (1) | | | | | | |
| ('/ <u> </u> | | Descriptio | n of Item | | | |
| (2) | | | | | | |
| (∠) | | Descriptio | | | | |
| (2) | | | | | | |
| (3) | | Descriptio | | | | |
| | | | | | | |
| | | SE/IH | Date | Time | • • • • • • • • • • • • • • | |
| Storag | ae: | | | | | |
| JUNUY | <u>17</u> . | | | | | |
| The at | bove item(s) collected for in | spection | Cal/OSHA | 1 No. | | |
| have h | been stored at the following | location: | | | | |
| | Ũ | | | | | |
| from _ | to | Date . | | | | |
| | Date E | Date | | | | |
| Releas | so. | | | | | |
| | | | | | | |
| The at | bove item(s) is(are) no long | er required for the inspec | tion and have been rel | eased to | Name/Title | |
| | of | Employer | on | , | Time | |
| | | p.c , c. | | | | |
| | | | | | | |
| | SE/IH Signature | Date | Time | D.M. Initials | Date | |