

STATE OF CALIFORNIA DEPARTIGENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

MOD	Date			1. Complaint	Number	
2. Emp	bloyer Name		The state of the s		9	\$
3. Site	Location (Street, City,	State, ZIP)				
4. Mai	ing Address (If differe	nt) (Street, City, State, ZIP)		the state of the s	12 11-12
5. Mar	agement Official		2		6. Telephone Number	r:
7. Type	of Business					
8. Haz	ard Description. Description	ribe briefly the hazard(s) w	which you believe exist. Include	e the approximate nun	nber of employees exposed t	o or threatened by
	A	enteres de la constitución de la				
		3				
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					s:	
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. Haza	ard Location. Specify t	ne particular building or v	vorksite where the alleged vic	lation exists:		
			505-100	is a second		
	-		A			

	s this cor		on been brought to the		Table Awar and	n all that ap	oply)	,t: 						
11. Lab	or Code	630	9 states that your name	e shall be ke	ept confidentia			st otherw	ise:					
	Employe Represer believe	e ntativ	d: (Mark "X" in one bove of Employees at a violation of an Occ	☐ Fed	deral Safety a ner (specify) _ afety or Healt					Emp			lishmen	t named
on this form. 13. Complainant Name (Type or print name):							14. Telephone Number							
15. Add	dress (Str	reet,	City, State, ZIP):											
16. Sig	nature:											17. Date		
you	ou are a ir title: ganizatior		thorized representative me:	of employee	es affected by	this compl	aint, ple	ase state	the name		ne or	ganization that you re	epresen	t and
OFFICI	IAL USE	ON	LY						Sacration of the last of the l		PLY.			
19. Rep 9506 F	19. Reporting ID 20. Previous Activity? Yes No 9506 R D If Yes, enter Type: Number:								2	21. Optional Complaint Number				
-	ication	_	Establishment Name Change?	23. Site Char	Address	24. Emplo	oyer ID (State's option)			25. City Code	26. 0	County Code		
Receip		27.	Received by:	28. Send	CALOSH-7?	29. Date		30. Time	,	VIVI	31. Ca.	CSE/IH Assigned:		
Indust		32.	Programme Programme Programme		lark "X" in o		vernmen	nt c. 🗆 S	State Gov	/ernme	ent	d. Federal Agency	y/Code	لبينا
Compl		34. Evaluated by:				35. Subject and Severity								
Evaluation		36. Is This a Valid Complaint?				Discrimination Imminent Danger					Serious Other			
		37. Formality					Safety							
		38. Migrant Farmworker Camp						Health						
Compl	laint	-	Send Letter:	o Camp										
Action		a. No Inspection — for Invalid Complaints Too Vague or Unsubstantiated Recent Inspection or Objective Evidence (Date of Inspection: Not in OSHA's Jurisdiction b. No Inspection — for Nonformal Complaints No Imminent Danger or No Standard No Direct Relation to S&H Not Enough Information to Evaluate					c. CALOSH-7 for Signature with Letter Complete or Partial d. Nonformal Complaint Notification to Employer Complainant Notified Explanation of 11(c) e. Complainant Notification with Letter d Name Not Revealed Explanation of 11(c) f. Acknowledgement to Complainant (Optional) g. Other (specify)							
		40. Date Letter Sent: 41. Date Response Due (For le							etters c or d):					
		42. Inspection Planned? If Yes, ☐ Yes ☐ No Priority:				If No, Reason:								
		43. Transfer to (Name):				44. Transfer Date:								
		45. Transfer to (Category):				c. Other Federal Agency/Code								
		a. ☐ Federal OSHA/Reporting ID ☐ D. ☐ State OSH/Reporting ID 9506 R ☐ D ☐						d. ☐ State/Local Government e. ☐ Other						
46. Opt	tional Inf	form	ation											
Туре	ID	Value					Туре	Type ID Value						
													47. To	otal ntries
Close Complaint 48. Close Complaint						11							(#)	
49. Con	nments:													×