



# Inspection Report

12/5/2000 10:04 AM

Rpt ID	Assignment Nr.	CSHO ID	Supervisor ID	Inspection Nr.	Opt. Insp. Nr.

Establishment Name					
Site Address			Site Phone		Site FAX
Mailing Address			Mail Phone		Mail FAX
Controlling Corp			Employer ID		
Ownership			City		County
Legal Entity				Previous Activity (State Only)	

Related Activity					
Type	Number	Satisfied	Type	Number	Satisfied

Employed in Establishment		Advance Notice?		Category	
Covered By Inspection		Union?		Primary SIC	
Controlled By Employer		Walkaround?		Secondary SIC	
		Interviewed? (State Only)		Inspected (State Only)	

OSHA-200 Log Entries	Not Available		Year		LWDI Rate	
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Inspection Type		Reason No Inspection	
Scope of Inspection			
Classification			

Anticipatory Warrant Served?		Denial Date	Date ReEntered	Date ReDenied	ReEntered
Anticipatory Subpoena Served?					

Entry		First Closing Conference		
Opening Conference		Second Closing Conference		
Walkaround		Exit		
Days On Site		Case Closed		
		No Citations Issued		

Type	ID	Optional Information

CSHO Signature		Date	
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