

**NOTICE OF NO ACCIDENT-RELATED VIOLATION AFTER INVESTIGATION**

2. [

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3. Page \_\_\_\_\_ of \_\_\_\_\_

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4. AN INVESTIGATION OF AN INDUSTRIAL ACCIDENT OR OCCUPATIONAL ILLNESS WAS CONDUCTED

BY \_\_\_\_\_ AT A PLACE OF EMPLOYMENT LOCATED AT \_\_\_\_\_  
\_\_\_\_\_ ON \_\_\_\_\_.

5. DESCRIBE THE CONDITION INSPECTED:

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It has been determined that no standard, rule, order or regulation set forth in Title 8, California Code of Regulations, and Division 5 of the California Labor Code, has been violated in connection with the above described industrial accident and/or occupational illness.

6. Signature \_\_\_\_\_ 7. Signature \_\_\_\_\_  
Safety Engineer/Industrial Hygienist District Manager

8. \_\_\_\_\_ 9. \_\_\_\_\_  
Date of issuance Date investigation completed

This notice is provided to the employer in accordance with the provisions of California Labor Code Section 6318(a). The employer is required to post this notice for three working days.

This notice relates solely and exclusively to the investigation of the industrial accident(s) and/or occupational illness(es) described above. It does not relate to any other conduct, condition or activity existing at the above described place of employment either on the date of the investigation or presently.

10. \_\_\_\_\_  
Region District SE/IH Identification No. Optional Report No. CAL/OSHA FORM 1 Report No.