

STATE OF CALIFORNIA DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

1. CSE/IH	2. Rpt. No.	3. FY	4. Insp. No.	5. Region	District																												
6. Employer																																	
7. Management Officials Contacted: ("P" Denotes Phone Contact Only)				Present During																													
Name	Title			Opening	Inspect																												
_____	_____	_____	_____	_____	_____																												
_____	_____	_____	_____	_____	_____																												
8. Union Representatives Contacted				Present During																													
Name	Title	Labor Union / Phone		Opening	Inspect																												
_____	_____	_____		_____	_____																												
9. Dates: _____ Subsequent Visits: _____ Close: _____																																	
10. Small Employer Relief		Ex-MOD		Documentation																													
11. Opening Conference		15. IIP Program Review		19. Evaluation of Safety & Health Program																													
<input type="checkbox"/> Show ID <input type="checkbox"/> Explain Purpose <input type="checkbox"/> Cal/OSHA Program <input type="checkbox"/> Employee Rights <input type="checkbox"/> Inspection Procedure <input type="checkbox"/> Poster <input type="checkbox"/> Insurance <input type="checkbox"/> Log <input type="checkbox"/> Permit/Variance <input type="checkbox"/> PPE <input type="checkbox"/> Consent to Inspect		IIPP: <input type="checkbox"/> Written <input type="checkbox"/> Effective <input type="checkbox"/> Previously Reviewed Date: _____ <input type="checkbox"/> Model Program Used <u>a. (Required) Program Elements</u> <input type="checkbox"/> Responsible Person <input type="checkbox"/> Sanctions/Enforcement <input type="checkbox"/> Communication <input type="checkbox"/> Inspections <input type="checkbox"/> Investigation Procedures <input type="checkbox"/> Correction Procedures <input type="checkbox"/> Training <u>b. Record keeping</u> <input type="checkbox"/> Inspection Records <input type="checkbox"/> Training Records		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:16.6%;">Effective</th> <th style="width:16.6%;">Average</th> <th style="width:16.6%;">Poor</th> </tr> </thead> <tbody> <tr> <td>Safety Responsibility</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Employee Participation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Training</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PPE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Housekeeping</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>First Aid</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Effective	Average	Poor	Safety Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12. Exit Conference		16. Hazard Communication Program		20. Adjustment Factors In %																													
Date: _____ <input type="checkbox"/> Discuss Violations Obs. <input type="checkbox"/> Closing Date Anticipated <input type="checkbox"/> Corrective Action																																	
13. Closing Conference		17. Other Requirements		21. Comments/Notes																													
<input type="checkbox"/> Employer <input type="checkbox"/> Employees <input type="checkbox"/> Violations <input type="checkbox"/> Citations <input type="checkbox"/> Abate/Consult <input type="checkbox"/> Penalties <input type="checkbox"/> Posting <input type="checkbox"/> Informal Conference <input type="checkbox"/> Appeal <input type="checkbox"/> Follow-up <input type="checkbox"/> Variance <input type="checkbox"/> Discrimination																																	
14. Recommend Follow-up Inspection <input type="checkbox"/>		18. Cross Jurisdictional Referral		_____ _____ _____ _____ _____ _____ _____ _____ _____ _____																													
REASON _____																																	

22. Employees/Persons Interviewed During Inspection. Enter name, home address and phone number below.

<p>a. Name/Title: _____ Address: _____ Phone: _____</p>	<p>b. Name/Title: _____ Address: _____ Phone: _____</p>
<p>c. Name/Title: _____ Address: _____ Phone: _____</p>	<p>d. Name/Title: _____ Address: _____ Phone: _____</p>

23. Multi-Employer Worksite? **Yes** **No** If yes, obtain the following information on each employer involved.

<p>a. Employer: _____ Address: _____ Activities: _____</p> <p><input type="checkbox"/> Contract Governing Employer's Work at the Site <input type="checkbox"/> Awareness of Violation <input type="checkbox"/> Violation Foreseeable to Employer <input type="checkbox"/> Steps Taken by Employer to Protect Employees</p> <p>If yes, what specific steps? _____</p> <p>Employer Category (Check all that apply) Exposing <input type="checkbox"/> Creating <input type="checkbox"/> Controlling <input type="checkbox"/> Correcting <input type="checkbox"/></p>	<p>c. Employer: _____ Address: _____ Activities: _____</p> <p><input type="checkbox"/> Contract Governing Employer's Work at the Site <input type="checkbox"/> Awareness of Violation <input type="checkbox"/> Violation Foreseeable to Employer <input type="checkbox"/> Steps Taken by Employer to Protect Employees</p> <p>If yes, what specific steps? _____</p> <p>Employer Category (Check all that apply) Exposing <input type="checkbox"/> Creating <input type="checkbox"/> Controlling <input type="checkbox"/> Correcting <input type="checkbox"/></p>
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24. Opening and Closing Conference Summary and Additional Comments: Comprehensive Partial

25. Previous Citation History: Yes No If **yes**, attach citation history.

26. Publications Provided:

Guide to Cal/OSHA *Poster* *Other* 1. _____ 2. _____

3. _____ 4. _____ 5. _____ 6. _____

27. If additional sheets are attached, Check this box: