

SAMPLE NOTIFICATION TO EMPLOYER ABOUT ALLEGED ETS EXPOSURE

Certified Mail Return Receipt

Date

Employer Name
Address
City, CA ZIP

Dear Employer:

Recently, the Division of Occupational Safety and Health received a complaint concerning exposure to Environmental Tobacco Smoke in your establishment at the following location:

Name of Establishment
Street Address
City, CA ZIP.

The specific nature of the complaint is as follows:

Employees are being exposed to secondhand tobacco smoke, also called Environmental Tobacco Smoke or ETS. ETS is a substance which has been found to cause lung cancer as well as other health problems. Specifically, the complaint alleges that [describe alleged ETS exposure conditions and location with enough specificity so that the employer can effectively address the problem].

The Division does not intend to conduct an inspection at this time. However, you are requested to investigate the complaint of alleged ETS exposure and make any necessary corrections or modifications at your establishment to eliminate ETS exposure.

The complainant has been advised of this preliminary response to the complaint of ETS exposure and is being furnished a copy of this letter.

Also, the complainant is being notified that California law protects any employee who makes a complaint about workplace safety or health hazards from being treated differently, discharged or discriminated against in any manner by their employer. If a complainant believes he or she has been discriminated against, it is their right to file a complaint with the Division of Labor Standards Enforcement within 6 months of the discriminatory action.

Employer's Name
Date
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The Division of Occupational Safety and Health offers consultation services free of charge to assist employers in resolving any occupational safety or health issue which they may face.

To request consultation services, call or write the Consultation Service at:

Nearest Cal/OSHA Consultation Area Office
Street Address
City, CA 92111
Telephone Number

If you have any questions concerning this matter, please contact me at [enter District Office Telephone Number].

Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

District Manager

C-48, Attachment A (1/1/00)