

DEPARTMENT OF INDUSTRIAL RELATIONS  
**DIVISION OF OCCUPATIONAL SAFETY AND HEALTH**



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**DOCUMENT REQUEST**

EMPLOYER: \_\_\_\_\_ DATE: \_\_\_\_\_ Postmark by: \_\_\_\_\_

EMPLOYER CONTACT: \_\_\_\_\_ Cal/OSHA Inspector: \_\_\_\_\_

As discussed during the inspection on \_\_\_\_\_, it has been determined that copies of the following documents are required for review. Please provide the Cal/OSHA inspector with the required copies by the "postmark" date noted above. If the copies are not provided by that date, it will be interpreted as an admission that the documents do not exist, and possible citations and monetary penalties could result.

Federal ER ID No./

- Licenses & Permits:  Business License  State ER Tax ID No.  CSLB  Garment Reg.  Farm Labor Contractor Rec'd \_\_\_\_\_
- Facility Layout (floor plan, evacuation routes, etc) \_\_\_\_\_ Rec'd \_\_\_\_\_
- OSHA Log 300 (from \_\_\_\_\_ to \_\_\_\_\_) 8 CCR 14301 Rec'd \_\_\_\_\_
- OSHA 5020 (Employer's First Report of Injury) \_\_\_\_\_ Rec'd \_\_\_\_\_
- DWC Form 1 (Worker's Compensation Claim) \_\_\_\_\_ Rec'd \_\_\_\_\_
- Worker's Compensation Insurance Carrier Rec'd \_\_\_\_\_
- Injury and Illness Prevention Program (written safety program) 8 CCR 3203 Rec'd \_\_\_\_\_
- Safety Inspection Records \_\_\_\_\_ Rec'd \_\_\_\_\_
- Employee Training Records \_\_\_\_\_ Rec'd \_\_\_\_\_
- Safety Committee Meeting Minutes \_\_\_\_\_ Rec'd \_\_\_\_\_
- Heat Illness Prevention Program 8 CCR 3395 Rec'd \_\_\_\_\_
- First Aid Kit approval 8 CCR 3400 Rec'd \_\_\_\_\_
- Emergency Action Plan 8 CCR 3220 Rec'd \_\_\_\_\_
- Fire Prevention Plan 8 CCR 3221 Rec'd \_\_\_\_\_
- Hazard Communication Program 8 CCR 5194 Rec'd \_\_\_\_\_
- Material Safety Data Sheets, for \_\_\_\_\_ Rec'd \_\_\_\_\_
- Respiratory Protection Program 8 CCR 5144 Rec'd \_\_\_\_\_
- Hearing Conservation Program (Noise) 8 CCR 5097 Rec'd \_\_\_\_\_
- Exposure Control Plan / Bloodborne Pathogens 8 CCR 5193 Rec'd \_\_\_\_\_
- Workplace Exposure Records/Monitoring Results \_\_\_\_\_ Rec'd \_\_\_\_\_
- Chemical Hygiene Plan 8 CCR 5191 Rec'd \_\_\_\_\_
- Carcinogen Registration 8 CCR Article 110 Rec'd \_\_\_\_\_
- Permits / Variances, for \_\_\_\_\_ Rec'd \_\_\_\_\_
- Maintenance Records of Equipment \_\_\_\_\_ Rec'd \_\_\_\_\_
- Safety Instructions / Equipment Manuals \_\_\_\_\_ Rec'd \_\_\_\_\_
- \_\_\_\_\_ Rec'd \_\_\_\_\_
- \_\_\_\_\_ Rec'd \_\_\_\_\_

If you require an extension of time in order to satisfy this request, please contact the Cal/OSHA inspector identified with your inspection at the phone numbers above **before** the deadline.