

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH



www.dir.ca.gov/DOSH

DOCUMENT REQUEST

EMPLOYER: _____ DATE: _____ Postmark by: _____

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
Facility Layout (floor plan, evacuation routes, etc)
OSHA Log 300 (from _____ to _____) 8 CCR 14301
OSHA 5020 (Employer's First Report of Injury)
DWC Form 1 (Worker's Compensation Claim)
Worker's Compensation Insurance Carrier
Injury and Illness Prevention Program (written safety program) 8 CCR 3203
Safety Inspection Records
Employee Training Records
Safety Committee Meeting Minutes
Heat Illness Prevention Program 8 CCR 3395
First Aid Kit approval 8 CCR 3400
Emergency Action Plan 8 CCR 3220
Fire Prevention Plan 8 CCR 3221
Hazard Communication Program 8 CCR 5194
Material Safety Data Sheets, for _____
Respiratory Protection Program 8 CCR 5144
Hearing Conservation Program (Noise) 8 CCR 5097
Exposure Control Plan / Bloodborne Pathogens 8 CCR 5193
Workplace Exposure Records/Monitoring Results _____
Chemical Hygiene Plan 8 CCR 5191
Carcinogen Registration 8 CCR Article 110
Permits / Variances, for _____
Maintenance Records of Equipment _____
Safety Instructions / Equipment Manuals _____

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.

INSPECTION NO. _____ INSPECTOR ID. _____ OPT RPT NO. _____