

Cal/OSHA Enforcement City  
Address  
Phone  
Fax  
Email @dir.ca.gov

Inspection No.  
Inspector:  
Opt Rpt No.

### Cal-OSHA Document Request Sheet

Employer: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Postmark Date: \_\_\_\_\_ Contact Signature: \_\_\_\_\_

As discussed during the inspection on copies of the following documents are required for review. Please send them to the Cal/OSHA inspector at the address above by the Postmarked Date. If copies are not postmarked by that date, it will be interpreted as an admission that the documents do not exist, which usually results in **Citations and Monetary Penalties**. [Website: [www.dir.ca.gov/dosh](http://www.dir.ca.gov/dosh)]

#### **Documents Required from the Employer:**

- Employee Pay Stub
- Business License
- Federal EIN/TIN
- CLSB #
- FLC (Farm Labor Contractor) License #
- Facility Layout (i.e., floorplan, flow diagram, evacuation route plan, equipment, etc.)
- Cal/OSHA Form 300 (Log) for the current & past 5 years and the Cal/OSHA Form 300A (Summary) for the past 5 years.
- California Form 5020 (Employers First Report of Injury/Illness) for employee \_\_\_\_\_
- California Form 5021 (Doctor's First Report of Injury/Illness) for employee \_\_\_\_\_
- Worker's Compensation:  Proof of Insurance  "Experience Modification" factor  DWC-1 Claim Form
- Emergency Action Plan  Fire Prevention Plan  First Aid Kit Medical Approval
- Injury & Illness Prevention Program (IIPP) with Established/Implemented Date(s) listed ("w/ Date")
- IIPP Inspection Records for Current and last \_\_\_\_\_ months/year(s)
- IIPP Training Records for Current and last \_\_\_\_\_ month/year(s)
- IIPP Injury/Illness Investigation Report for: \_\_\_\_\_
- IIPP Safety Meeting Minutes for Current and last \_\_\_\_\_ month/year(s)
- Job Title & Job description for: \_\_\_\_\_
- Heat Illness Prevention Plan w/Date  Heat Training for: \_\_\_\_\_
- Respiratory Protection Program (RPP) w/Date  Exposure Monitoring for: \_\_\_\_\_
- RPP Medical Evaluations  Fit Testing  Training for: \_\_\_\_\_
- Hazard Communication Program (HazCom) w/Date incl. the list of Hazardous Chemicals w/Date
- Safety Data Sheets (SDS) for \_\_\_\_\_
- HazCom Training for: \_\_\_\_\_
- Hearing Conservation Program (HCP) w/Date  Noise Monitoring for: \_\_\_\_\_
- HCP Last Audiogram  Training for: \_\_\_\_\_
- Carcinogen / Asbestos / Lead // Registration / Certification / Notification for: \_\_\_\_\_
- Asbestos:  Objective data  Exposure Assessment  Medical Surveillance / Removal  Training for: \_\_\_\_\_
- Lead:  Program w/Date  Assessment  Medical Surveillance / Removal  Training for: \_\_\_\_\_
- Bloodborne Pathogen (BBP):  Exposure Control Plan w/Date  Sharps Injury Log
- BBP:  Hepatitis Vaccination for: \_\_\_\_\_  Post-exposure Evaluation / f/u for (date): \_\_\_\_\_
- Patient Protection and Health Care Worker Back and Musculoskeletal Injury Protection Plan
- Permits / Variances for: \_\_\_\_\_
- Equipment Maintenance Records for: \_\_\_\_\_
- Confined Space  Program w/Date  List of Spaces  Permits for: \_\_\_\_\_  Training & Rescue for: \_\_\_\_\_
- Lockout / BlockOut / Tagout / Hazardous Energy Control Procedure  Code of Safe Practices
- Hazard Assessment for PPE  Safety Instructions / Operation Manual for: \_\_\_\_\_
- Other: \_\_\_\_\_  see reverse