

Cal-OSHA Document Request Sheet

Employer: _____

Contact: _____

Date: _____

Postmark By Date: _____

Received 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 "postmarked date" noted above. If 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. *Reference Authority: California Labor Code, Section 6314(a)*

[V] Description of Document or Information Requested (Reference CA Title 8 Regulation(s) and/or CA Labor Code(s))

- Cal/OSHA Form 300 *Log of Occupational Injuries and Illnesses* [T8 CCR 14300.1] (Current year and previous 4 years)
- Cal/OSHA Form 300A *Summary of Occupational Injuries and Illnesses* [T8 CCR 14300.32] (Current & previous 4 years)
- Cal/OSHA Form 301 *Injury and Illness Incident Reports* (or equivalent) [T8 CCR 14300.1] (Current & previous 4 years)
- Injury and Illness Prevention Program [T8 CCR 3203, 1509]
- Hazard Communication Program [T8 CCR 5194]
- List of hazardous chemicals known to be present at the site of the inspection [T8 CCR 5194(e)(1)(A)]
- Safety Data Sheet(s) (SDS) [T8 CCR 5194(g)] for: _____
- Hearing Conservation Program (Noise) [T8 CCR 5097]
- Respiratory Protection Program [T8 CCR 5144]
- Emergency Action Plan [T8 CCR 3220]
- Fire Prevention Plan [T8 CCR 3221]
- Hazardous Energy Control Procedures (Lockout/Blockout) [T8 CCR 3314] for: _____
- Heat Illness Prevention Procedures [T8 CCR 3395]
- Heat Illness Prevention Training Records [T8 CCR 3395] for: _____
- Maintenance and/or Safety Inspection Records [T8 CCR 3203(b)(1)] for: _____
- Employee Safety Training Records [T8 CCR 3203 (b)(2)] for: _____
- Workplace Exposure / Monitoring Records (airborne contaminants, noise, etc.) [T8 CCR 5155(e)(1), 5097(b)(1)] for: _____

- Employee safety training materials for all employees doing tree work including: general work hazards, safe use of equipment and PPE, plant and animal hazards, electrical hazards [T8 CCR 3421(c)(1)-(5)]
- Documentation of safety training for all current employees doing tree work [T8 CCR 3421(d)]
- Job briefing procedures (prior to starting tree work) [T8 CCR 3421(f)]
- Documentation of aerial rescue training for all current employees doing tree work [T8 CCR 3203(b)(2)]
- Documentation of daily equipment inspections for last 5 tree work jobs (vehicles, mobile equipment, ropes, climbing equipment, tackle blocks, pulleys, etc.) [T8 CCR 3424(a)(2)]
- Documentation of First Aid/CPR training for all current employees
- PPE workplace hazard assessment certification for use of the following PPE: head protection, eye protection, hearing protection, hand protection, feet protection, body protection [T8 CCR 3380(f)(1)&(2)]
- PPE training materials for use of the following PPE: head protection, eye protection, hearing protection, hand protection, feet protection, body protection [T8 CCR 3380(f)(4)]
- PPE training certification for use of the following PPE: head protection, eye protection, hearing protection, hand protection, feet protection, body protection [T8 CCR 3380(f)(7)]
- First Aid Kit approval (from consulting physician) [T8 CCR 3400]
- DOSH Permits/Variations [T8 CCR 461, 470] for: _____

- Safety Instructions and/or equipment operating manuals for: _____
- Facility Layout (i.e., floorplan, process flow diagram, evacuation route plan, equipment map)
- Evidence of current Workers' Compensation Insurance coverage
- Workers' Compensation Loss Runs (or equivalent) covering the previous 4 calendar years
- Wage Theft Protection Act of 2011 – *Notice to Employee* form (Legal & DBA names, etc.) [LC 2810.5]
- Business License
- State Contractor License Number (CSLB No.)
- Federal Employer Identification Number (FEIN) **and** California Employer Account Number (CEAN)
- Maintenance Gardener Pest Control Business (MGB) License, Pest Control Adviser License (PCA), Qualified Applicator License (QAL), and/or Qualified Applicator Certificate (QAC) for: _____
- List of employees (with their job Title or Job Description, Address and Phone Number) working on ___date_____ at/in __(*all locations/job sites*)_____
- Contracts and/or agreements between _____ and _____