

Department of Industrial Relations

**Please Return To:**

Department of Industrial Relations

Division Of Occupational Safety &amp; Health

39141 Civic Center Dr. Suite 310

Fremont, CA. 94538

Tel. No. (510) 794-2521

Fax No. (510) 794-3889

Attention:

**DOCUMENT REQUEST SHEET**

Employer: \_\_\_\_\_ Cal/OSHA Inspector: \_\_\_\_\_  
 Date: 6/12/2024 Postmark by: 6/17/2024  
 Received by: \_\_\_\_\_ Page 1 of 2

As discussed during the inspection on 6/11/2024, 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 "Fax or Postmark by" date noted above. If the copies are not provided by that date, then it will be interpreted as an admission that the documents do not exist and possible **Citations and Monetary Penalties** could result.

<input checked="" type="checkbox"/>	Facility layout (i.e., floor plan, process flow diagram, evacuation route plan, equipment map)	Rec'd _____
<input type="checkbox"/>	(8 CCR 14301) Cal/OSHA Form 300 <i>Log of Occupational Injuries and Illnesses</i>	Rec'd _____
	Years: _____	
<input type="checkbox"/>	(8 CCR 14301) Cal/OSHA Form 300A <i>Summary of Occupational Injuries and Illnesses</i>	Rec'd _____
	Years: _____	
<input checked="" type="checkbox"/>	State of California Form 5020 <i>Employer's Report of Occupational Injury or Illness</i>	Rec'd _____
	for: <u>The past 6 months for the location on _____</u>	
<input type="checkbox"/>	State of California Form 5021 <i>Doctor's First Report of Occupational Injury or Illness</i>	Rec'd _____
	for the following employee(s) _____	
<input checked="" type="checkbox"/>	Evidence of Workers' Compensation Insurance coverage (including current Experience Modification Rating)	Rec'd _____
<input checked="" type="checkbox"/>	(8 CCR 3203) Injury and Illness Prevention Program, and	Rec'd _____
	For the past 6 months for the location on _____	Rec'd _____
<input checked="" type="checkbox"/>	Inspection Records _____	
<input checked="" type="checkbox"/>	Training Records _____ For all employees working at _____	Rec'd _____
<input type="checkbox"/>	Safety Committee Meeting minutes (if used) _____	Rec'd _____
<input checked="" type="checkbox"/>	Information, or records of when the Heating, Ventilating, and Air Conditioning system (HVAC) for the location on _____	Rec'd _____
	_____ was installed.	
<input checked="" type="checkbox"/>	Temperature reading hourly for the next 7 days for the location on _____ (starting from	Rec'd _____
	<u>6/11/2024 throughout various spots of the store</u> )	
<input checked="" type="checkbox"/>	Emergency Medical Response Procedures for injuries and Illness in the workplace.	Rec'd _____
<input type="checkbox"/>	(8 CCR 5144) Respiratory Protection Program	Rec'd _____
<input type="checkbox"/>	(8 CCR 5097) Hearing Conservation Program (Noise)	Rec'd _____
<input type="checkbox"/>	(8 CCR 5193) Exposure Control Program (Bloodborne Pathogens)/Workplace Exposure Records	Rec'd _____
<input checked="" type="checkbox"/>	Program and procedures for _____ Include training records for all employees working at _____	Rec'd _____
	<u>Workplace Violence (Site Specific)</u> _____	
<input type="checkbox"/>	Fall Protection Program	Rec'd _____
<input checked="" type="checkbox"/>	Heat Illness Prevention Program for indoors & Training _____ Training records for indoor employees at _____	Rec'd _____
	Documents _____	
<input checked="" type="checkbox"/>	Maintenance and inspection Records _____ Heating, Ventilating, and Air Conditioning system (HVAC) for the	Rec'd _____
	for _____ location on _____	
<input checked="" type="checkbox"/>	Other: <input checked="" type="checkbox"/> Business License <input checked="" type="checkbox"/> State ER tax ID No <input type="checkbox"/> CSLB <input type="checkbox"/> Garment Reg. <input type="checkbox"/> Farm Labor Contractor	Rec'd _____
<input checked="" type="checkbox"/>	COVID-19 Prevention Program	Rec'd _____
<input checked="" type="checkbox"/>	Employee Roster for location on _____ (Name, Job title and contact number)	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.**

INSPECTION NO. \_\_\_\_\_

CSE/IH ID. \_\_\_\_\_

OPT. RPT NO. \_\_\_\_\_

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**Attention:**



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Cal/OSHA 1AY (Sept 1, 2008)  
Previous editions are obsolete.