



OSHA – Program Review Form

Document Request

To: _____

Date: _____

Pursuant to this compliance Inspection/Investigation, please provide the information requested in items 1-4 and copies of the documents requested in items 5-8.

- 1. Employer Federal Tax Number _____
- 2. Total number of employees in the establishment _____
- 3. Total number of employees controlled by the employer _____
- 4. Total number of employee hours worked in each of the following _____ years and/or the annual average employment for each year requested
- 5. The OSHA 300 Log for the current year to date, and the OSHA 300 Logs and 300A for the years indicated in item 4 above.
- 6. The written Hazard Communication Program.
- 7. The written Energy Control (Lockout/Tagout) Program
- 8. The written Certification of Personal Protective Equipment Hazard Assessment

Please Provide the Following Information if Indicated

_____ The written Emergency Action Plan and Fire Prevention Plan

_____ The written Emergency Response Plan

_____ The written Respiratory Protection Program

_____ The written Permit Required Confined Space Program

_____ The written Exposure Control (Bloodborne Pathogens) Plan

_____ The written Chemical Hygiene Plan

_____ Exposure Monitoring Results for: _____

_____ Safety Data Sheets for: _____

_____ Training Records for: _____

_____ Other (specify): _____

NOTE: Any requested program or plan should be accompanied by appropriate updates and/or reviews and certifications.

Safety Coordinator Signature: _____ Date: _____

Safety Management Services Signature: _____ Date: _____