Area Director – Name

U.S. Department of Labor – OSHA

Address of the Area Office (on the citation)

City State Zip Code

Company Name

Company Address

City State Zip Code

The hazard referenced in Inspection Number [insert 9-digit #] ____________ for violation identified as:

Citation #	Item #	Date Corrected	By

I attest that the information contained in this document is accurate.

Signature Title

Typed or Printed Name

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