§1903.19 App A - Sample Abatement-Certification Letter (non-mandatory)

____

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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