

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 _____

Check One:

Abatement Plan: Progress Report: Inspection Number: _____

Page _____ of _____

Citation Number(s)* _____

Item Number(s)* _____

Action	Proposed Completion Date (For Abatement Plans Only)	Completion Date (For Progress Reports Only)
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Date required for final abatement: ____/____/____

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

Signature

Typed or Printed Name

Name of primary point of contact for questions: (Optional) _____

Telephone number: (____) _____ - _____ Ext. _____

* Abatement plans or progress reports for more than one citation item may be combined in a single abatement plan or progress report if the abatement actions, proposed completion dates, and actual completion dates (for progress reports only) are the same for each of the citation items.