



**N.C. DEPARTMENT OF LABOR  
OCCUPATIONAL SAFETY AND HEALTH DIVISION**

**RECEIPT OF PUBLIC AGENCY RECORDS**

Establishment Name: \_\_\_\_\_ Inspection No.: \_\_\_\_\_ Opening Date: \_\_\_\_\_

Site Address: \_\_\_\_\_  
Street Address City State Zip

Agency Providing the Information: \_\_\_\_\_  
Agency Name

Person Providing the Information: \_\_\_\_\_  
Agency Official's Name and Title

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Phone Number E-Mail Address

Persons/Organizations Receiving Information: \_\_\_\_\_  
N.C. Department of Labor – Occupational Safety and Health Division  
Department/Division Name

\_\_\_\_\_ Principal OSH Investigator Name

\_\_\_\_\_ Phone Number E-Mail Address

Specific Description of Information Being Provided:

☐ Complete Investigation Records (e.g., investigative reports, witness statements, videos, photographs)

☐ Other (Please Specify): \_\_\_\_\_

The N.C. Department of Labor, Occupational Safety and Health Division (OSH) has received records from the above-named public agency pursuant to N.C. Gen. Stat. §95-133. This document provides notice that the OSH Division is a health oversight agency as defined in 45 C.F.R. § 164.501, Subpart E, Privacy of Individually Identifiable Health Information. A covered entity, as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPPA) may disclose protected health information to health oversight agencies, including the OSH Division, as necessary for law enforcement, judicial, and administrative purposes. The medical records obtained by the OSH Division shall be strictly confidential, are not public records within the meaning of N.C. Gen. Stat. §132-1 and shall not be released to any employer under investigation except as necessary to support the issuance of a citation in an Occupational Safety and Health Act of N.C (OSHANC) enforcement pursuant to N.C. Gen. Stat. § 95-136.

I have read and understand the information in this Authorization.

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Agency Representative

**FORM MUST BE COMPLETED IN ITS ENTIRETY**

**THIS FORM SHOULD BE ATTACHED TO THE FRONT OF ANY RECORDS RECEIVED**