



**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): _____

I understand that records provided to the N.C. Department of Labor are subject to disclosure pursuant to N.C. Gen. Stat. §95-136, the Occupational Safety and Health Act. That act provides, in part, that files and other records relating to investigations and enforcement proceedings shall not be subject to inspection and examination as authorized by G.S. 132-6 while such investigations and proceedings are pending, except that, subject to the provisions of G.S. 95-136(e1), an employer cited under the provisions of the OSH Act is entitled to receive a copy of the official inspection report which is the basis for citations received by the employer following the issuance of citations.

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