



N.C. Department of Labor

Occupational Safety and Health Division

RECEIPT OF EMPLOYER RECORDS

This serves as the official notification of receipt of employer records, including but not limited to documentation, photographs, and video or computer-generated images.

Employer Name: _____

Inspection Number: _____ **Opening Date:** _____

Site Address: _____
Street Address _____ City _____ State _____ Zip _____

Owner/Employee Providing the Information: _____

Title: _____

Employee Phone Number: _____

Employee Email Address: _____

Business Mailing Address: _____

Entity Receiving Employer Records: **N.C. Department of Labor – Occupational Safety and Health Division**

NCDOL/OSH Investigator Receiving Employer Records: _____

Date of Receipt: _____ **Email Address:** _____ **Phone Number:** _____

Brief Description of Employer Records Received: _____

Note: Records provided to the N.C. Department of Labor are subject to disclosure pursuant to N.C. General Statute § 95-136 of the Occupational Safety and Health Act of North Carolina. 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 the N.C. Public Records Act (N.C. Gen. Stat. § 132-6) while such investigations and proceedings are pending, except that, subject to the provisions of N.C. Gen. Stat. § 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 Owner/Employee Providing Documentation: _____ Date: _____

FORM MUST BE COMPLETED IN ITS ENTIRETY

A COPY OF THIS FORM MUST BE LEFT WITH THE EMPLOYER

THIS FORM MUST BE ATTACHED TO THE FRONT OF ANY RECORDS RECEIVED