

OFFICER'S RETURN OF OCCUPATIONAL SAFETY & HEALTH CITATION

<input type="checkbox"/> I certify that the Citation(s) issued by the N.C. Department of Labor – OSH Division in the following matter:			
Employer/Establishment Name		OSH Inspection Number(s)	
Employer/Establishment Street Address	City	State	County
were SERVED UPON the Employer via hand delivery at the above address in accordance with N.C. Gen. Stat. § 95-137(b)(1), and RECEIVED BY the person named below.			
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Date Served	Time Served		
Name of Person Served	Title	Company Name	

<input type="checkbox"/> Employer WAS NOT SERVED for the following reason:			
<input type="checkbox"/> The Citation(s) were Refused by:			
Name of Person Refusing Service	Title	Company Name	
Street Address	City	State	County
<input type="checkbox"/> Other (specify):			

	Signature of Compliance Officer/Deputy Sheriff Making Return
Date Received	Name of Compliance Officer/Deputy Sheriff (Type or Print)
Date of Return	County