

OFFICER'S RETURN OF
OCCUPATIONAL SAFETY & HEALTH CITATION

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
<p>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.</p>			
Date Served	Time Served	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Name of Person Served		Title	Company Name

Employer WAS NOT SERVED for the following reason:

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		