



RETURN THIS FORM TO:

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING & REGULATION
OFFICE OF OCCUPATIONAL SAFETY AND HEALTH
P.O. Box 11329, Columbia, South Carolina 29211 / FAX: (803) 896-7670

FORM DUE DATE: OPTIONAL REPORT NUMBER:

The alleged violations (listed below) that were observed on: during an occupational safety and health inspection were corrected on the dates shown below:

COMPANY NAME:

LOCATION:

Item# from Citation	Abatement date	Date violation was corrected	* Detailed description of how violations were corrected

I attest that the information contained in this document is accurate and that I have informed the affected employees and their representatives (where applicable) of abatement for each cited violation.

SIGNATURE: _____

TITLE: _____ DATE: _____

***NOTE: If additional space is needed, please complete the description on a separate sheet of paper and submit with this form.**