



U.S. Department of Labor
Occupational Safety and Health Administration



Certification of Corrective Action Worksheet

Company Name: _____

Inspection Number: _____

Inspection Site: _____

PORTLAND AREA OFFICE

Issuance Date: _____

List the specific method of correction for each citation and item(s) in this package. **DO NOT** include abatement for items marked **CORRECTED DURING INSPECTION**. Then, submit this form and abatement documentation via the submit button at the bottom of the form. For any abatement item that cannot be emailed, please mail it to: Portland Area Office, 911 NE 11th Ave., Ste. 649, Portland, OR 97232

Citation No.	Item No.	Method of Abatement	Date Abated

I certify that the information contained in this document is accurate and that the affected employees and their representative have been informed of the abatement.

Signature

Date

Typed or Printed Name

Title

Note: 29 USC 666(g) whoever knowingly makes any false statements, representation or certification in any application, record, plan or other documents filed or required to be maintained pursuant to the Act shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment of not more than 6 months or both.

POSTING: A copy of completed Corrective Action Worksheet should be posted for employee review.

Abatement Documentation: Where the citation indicates abatement documentation is necessary, evidence of the purchase or repair of equipment, photographs or video, receipts, training records, etc., verifying that abatement has occurred is required to be provided to the Area Director. Please attach abatement documentation to the generated email.