

**OCCUPATIONAL SAFETY AND HEALTH (OSHA) NOTICE AND/OR SITE VISIT REPORT**

THIS FORM IS USED TO SUMMARIZE THE ACTIVITIES AND OUTCOME OF OSHA NOTICES AND/OR SITE VISITS THAT MAY OCCUR PER QUARTER WITHIN AN INDIAN AFFAIRS (IA) LOCATION. PLEASE FILL OUT THE APPROPRIATE SECTIONS AS THEY MAY APPLY.

*\*Required fields*

**Reporting Office:\***

**Fiscal Year:\***

**Quarter:\***

**Part I: Location Information**

1. Region:

2. Name of Location:

3. Agency:

4. Address:

**Part II: Official in Charge (OIC) Information**

5. Full name of OIC (Last, First, Middle Initial):

6. Phone Number:

7. Email:

**Part III: Summary of Visit**

8. Date of Visit:

9. Purpose of Visit:

10. Result of Visit:

11. Citation Number:

**Comments:**