

Notice of Alleged Safety or Health Hazards

South Carolina Department of Labor, Licensing & Regulation
Division of Occupational Safety and Health

MOD | Date

1. Complaint Number

2. Employer Name

3. Site Location (Street, City, State, ZIP)

4. Mailing Address (If different) (Street, City, State, ZIP):

5. Management Official

6. Telephone Number

7. Type of Business

8. Hazard Description: Describe briefly the hazard(s) which you believe exist: include the appropriate number of employees exposed to or threatened by each hazard.

9. Hazard Location: Specify the particular building or worksite where the alleged violation exists.

10. Has this condition been brought to the attention of (Mark "X" in all that apply)

Employer Other Government Agency (specify) _____

11. Please indicate your desire:

Do not reveal my name to the Employer My name may be revealed to the Employer

12. The Undersigned (Mark "X" in one box)

Employee (Not used)
 Representative of Employees Other (specify) _____

Believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.

13. Complainant Name (Type or print name)

14. Telephone Number

15. Address (Street, City, State, Zip)

16. Signature

17. Date

18. If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title.

Organization Name:

Your Title: