





Safety and Health Complaint Response

Public Employment Risk Reduction Program

13430 Yarmouth Drive
Pickerington, Ohio 43147
Toll Free: 800-671-6858
Fax: 614-621-5754
www.bwc.ohio.gov

Employer name
Employer address
Complaint number Item number Corrective action completed date

Reason corrective action has not been completed, if applicable

NOTE: If a public employer does not correct the violation or danger within the 30-day period or if the public employer fails to respond within that time, the administrator or the administrator's designee shall investigate and inspect the public employer's workplace as provided in Ohio Revised Code §4167.10.

Large empty rectangular box for providing details on why corrective action has not been completed.

Signature of employer's authorized representative Date of signature

Any public employee or public employee representative who believes a violation of an Ohio employment risk reduction standard exists that threatens physical harm or that an imminent danger exists may request an inspection. To request an inspection, public employees must give written notice to the administrator or the administrator's designee of the violation or danger. If, upon receipt of a notification, the administrator determines there are reasonable grounds to believe a violation or danger exists, the administrator shall notify the public employer by certified mail, return receipt requested, of the alleged violation or danger. The public employer must respond to the administrator, in a method determined by the administrator, concerning the alleged violation or danger within 30 days after receipt of the notice.

Ref. ORC §4167.10(B)

This form is provided to assist employers required to submit documentation required by this statute. This form is not intended to constitute the exclusive means by which a compliant response may be submitted to the Public Employment Risk Reduction Program.