

GRAMA Document Request Form

Utah Occupational Safety and Health Division (UOSH) Government Records Access and Management Act (GRAMA)

Utah Occupational Safety and Health Division
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Before You Begin:

GRAMA requests can take up to 30 calendar days to process depending on the complexity and age of the case file. If you request a copy of the citation only it can greatly reduce processing time and document fees for your request. Inspection case information can be viewed online free of charge by visiting www.OSHA.gov/pls/imis/establishment.html

Instructions:

This request is submitted under the authority of Section 63-2-101 et. seq., Utah Code, (GRAMA). Fill out all lines on this form. Do not leave any lines blank. If you are unable to provide information for a specific line, mark the line with a brief explanation (such as "unknown" or "N/A"). Only complete forms will be processed.

Requestor Information:

Name: _____ Daytime phone: _____

Business or entity: _____

Mailing Address: _____

The purpose of this request is: _____

Case File Information:

Company Name: _____ Case Number: _____

Date of Inspection: _____ Citation Date: _____

Requested Documents:

I hereby request copies of the following document(s):

Citation and Notification of Penalty **ONLY** (this option will result in the fastest processing and lowest cost)

Other documents - please specify: _____

Fees*:

Photocopy fee: \$0.25 per page (black & white)

DVD fee: \$2.00 per disk

Labor fee: \$20.00 per hour (if billable time is less than 1 hour, a minimum Labor fee of \$15.00 will be charged)

Request Certification:

Check one of the following boxes. Attach related documentation to this form as needed.

I am a member of management for the organization contained in this record.

I am an employee at the organization contained in this record.

I am an external concerned party (such as a spouse, relative, or non-employee complainant).

I am an authorized representative of a person / organization contained in this record.

Other- please explain: _____

I agree to pay a reasonable fee to cover the actual cost of duplicating this record not to exceed \$ _____ USD. I understand that UOSH will contact me if estimated costs are greater than the amount I have specified and that UOSH will not fill a GRAMA request if I have not authorized adequate costs.

DO NOT send payment with your GRAMA request. You will receive an invoice after your request has been completed.

Signature: _____ Date: _____