Department of Labor and Industries
WISHA Services Division

Referral Report

MOD	Date	1. Reporting ID	2. Previous Activity? ☐ Yes ☐ No If "Yes", Enter type: Number:	3. Referral Number (Identifies this referral)

4. a. ☐ Change? b. Establishment Name

5. Account ID

6. a. ☐ Change? b. Site Address (Street, City, State, ZIP + 4)

7. City Code

8. County Code

9. Mailing Address (Street, City, State, ZIP + 4)

Industry & Ownership

10. Type of Business

11. Primary SIC

12. No. of Employees

13. Ownership (Mark "X" in one box)
a. ☐ Private Sector b. ☐ Local Government c. ☐ State Government d. ☐ Federal Agency/Code

Source

14. Referred By:
a. ☐ CSHO (Within office)/CSHO ID
b. ☐ Federal OSHA
c. ☐ State OSH
d. ☐ Discrimination
e. ☐ Other Federal Agency/Code

15. Date Received
f. ☐ Consultation
g. ☐ State/Local Government
h. ☐ Media
i. ☐ Other (specify)

16. Source or Contact (Name, Location, Affiliation, Telephone Number)

Referral Classification

17. a. Safety
(1) ☐ Imminent Danger (2) ☐ Serious (3) ☐ Other

b. Health
(1) ☐ Imminent Danger (2) ☐ Serious (3) ☐ Other

18. ☐ Migrant Farmworker Camp

19. Hazard Description

Cont'd

Referral Action

20. a. ☐ Send Letter b. Date Letter Sent: c. Date Response Due:

21. Supervisor(s) Assigned
a. b.

22. Inspection Planned? ☐ Yes ☐ No If "Yes", Priority: If "No", Reason:

23. Transfer to (Name):

24. Transfer Date:

25. Transfer to (Category):
a. ☐ Federal OSHA/Reporting ID
b. ☐ State OSH/Reporting ID
c. ☐ Other Federal Agency/Code
d. ☐ State/Local Government
e. ☐ Other

26. Optional Information

Type	ID	Value	Type	ID	Value

27. Total Entries

28. Comments: