

# Resources



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# Accident Investigation Report

Use with 296-800-320 Accidents and Incidents, Investigating and Reporting

This sample report form can help document the findings of a preliminary investigation into an accident or incident in your workplace. You can copy and use this form or make your own. Fill out an investigation report as soon as possible after an accident or incident.

**Employee(s) name(s):** \_\_\_\_\_

**Time & date of accident/incident:** \_\_\_\_\_

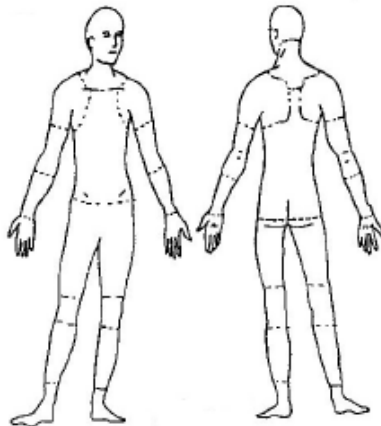
**Job title(s) and department(s):** \_\_\_\_\_

**Supervisor/lead person:** \_\_\_\_\_

**Witnesses:** \_\_\_\_\_

**Brief description of the accident or incident:** \_\_\_\_\_

**Indicate body part affected:**



**Did the injured employee(s) see a doctor?**

Yes  No

# Accident Investigation Report

Use with 296-800-320 Accidents and Incidents, Investigating and Reporting

If yes, did you file an employer's portion of a worker's compensation form?

( ) Yes ( ) No

Did the injured employee(s) go home during their work shift?

( ) Yes ( ) No

If yes, list the date and time injured employee(s) left job(s): \_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_

What could have been done to prevent this accident/incident? \_\_\_\_\_

Have the unsafe conditions been corrected?

( ) Yes ( ) No

If yes, what has been done? \_\_\_\_\_

If no, what needs to be done? \_\_\_\_\_

Employer or Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional comments/notes: \_\_\_\_\_

# Accident/Incident Table

Use with 296-800-320 Accidents and Investigations

## What's the purpose of this table?

To help you determine if you need to contact L&I or do an investigation in your workplace after an accident or incident.

## When do we use this table?

Use this tool when an accident or incident happens or as soon as possible afterwards.

### Accident/Incident Table:

Action you must take:	In case of death or probable death	Accident involving inpatient hospitalization of any employee	In case of serious injury or illness	Near miss (accident almost happened) or non-serious injury or illness
Report the accident to L&I and include your phone number.	Required	Required	Not Required	Not Required
Complete and document an investigation.	Required	Required	Required	Not Required

## Questions?

You can call L&I's toll-free number for more information: 1-800-4BE SAFE

# Additional Program Requirements Table

This table will help you determine additional programs, plans, and other related requirements that might be needed beyond your accident prevention program (your total safety and health plan). If you are required to have additional written programs or procedures, they can be included in your accident prevention program or covered in supplemental documents.

To use this table:

1. Determine if any of the activities, hazards or situations listed in the first column apply to your workplace.
2. The second column lists what you may have to do or additional written programs you may be required to have.
3. Look-up the standard or rule that is in column three. This will allow you to determine if the actual situation at your workplace makes it necessary for you to do anything and will identify what you must do.



**Note:**

- There are record keeping requirements in chapter 296-27 WAC and elsewhere that you need to be aware of.
- Certain job-specific activities need written, site or activity-specific work plans (for example, the fall protection work plan and lead exposure in construction work).
- There are vertical standards that apply to specific industries, which may have additional program requirements. Be sure to check to find out if these standards apply to you.

# Additional Program Requirements Table

1. If individuals in your workplace:	2. Then you may need to:	3. See:
Are exposed to <b>hazards</b>	Determine personal protective equipment (PPE) required based on a mandatory job hazard assessment. <b>Written</b> certification is also mandatory.	WAC 296-800-160
Work around <b>hazardous chemicals</b>	Establish a <b>written</b> chemical hazard communication program	WAC 296-800-170
<b>Service, adjust, or maintain equipment</b> in your workplace where people could be injured by the unexpected start-up of the machine or the release of stored energy	Establish a <b>written</b> energy control (lockout/tagout) program	Chapter 296-24 WAC, Part A-4 (After November 1, 2004 see Chapter 296-803 WAC)
Work around <b>loud noise</b>	Establish a hearing conservation program, including hearing tests and training	Chapter 296-817 WAC
<b>Weld, cut, or do brazing</b>	Make sure rules and instructions to operate and maintain oxygen or fuel-gas supply equipment are readily available	Chapter 296-24 WAC , Part I
Are required to use <b>respirators or voluntarily use respirators</b> to protect against airborne hazards	Establish a <b>written</b> respirator program	Chapter 296-842 WAC
May be exposed to blood or other potentially infectious material ( <b>bloodborne pathogens</b> )	Establish a <b>written</b> exposure control plan	Chapter 296-823 WAC
May encounter <b>confined spaces</b> in your workplace	Conduct a survey to identify confined spaces. If employees are to enter confined spaces, special procedures and a written program may be required	Chapter 296-809 WAC
Work in <b>late night retail</b> (a retail establishment open between 11:00 p.m. and 6:00 a.m.)	Provide crime prevention training as part of your accident prevention program	Chapter 296-832 WAC
May be injured by an activated <b>fire suppression system</b>	Establish a <b>written</b> emergency action plan	Chapter 296-24 WAC, Part G-1
Are required to perform specific actions during emergency situations involving the release of <b>hazardous substances</b>	Establish a <b>written</b> emergency response plan or, if appropriate, a <b>written</b> emergency action plan	Chapter 296-824 WAC and Chapter 296-24 WAC, Part G-1
Are <b>agricultural</b> workers	Follow accident prevention program requirements in WAC 296-307-030. Agricultural employees aren't covered by chapter 296-24 WAC	Chapter 296-307 WAC
Are electrical workers working on or near <b>high voltage</b>	Include additional elements in your accident prevention program	Chapter 296-45 WAC
Are <b>fire fighters</b>	Develop a risk management policy with incident strategies that can be incorporated into the incident command system	Chapter 296-305 WAC

# Additional Program Requirements Table

1. If individuals in your workplace:	2. Then you may need to:	3. See:
Are exposed to substances such as <b>asbestos, tremolite, anthophyllite, or atinolite</b>	Establish and implement a written program to reduce employee exposure to or below the permissible limit	Chapter 296-62 WAC, Part I-1
Are involved in <b>hazardous waste operations</b>	Develop and implement a written safety and health program for these operations	Chapter 296-843 WAC
Are involved with <b>diving operations</b>	Develop and maintain a written safe practices manual	Chapter 296-37 WAC
Are involved with <b>ski area facilities</b> and operations	Develop a specific written safety program	Chapter 296-59 WAC
Are involved with <b>telecommunications</b>	Include additional elements in your accident prevention program that specifically cover this work	Chapter 296-32 WAC
May be exposed to specific <b>air contaminants</b> (listed in Chapter 296-62 WAC)	Establish and implement a written compliance program	Chapter 296-62 WAC, Part I
Use <b>powered platforms</b> installed as part of a building to do building maintenance	Provide written work procedures for the operation, safe use, and inspection of the equipment	Chapter 296-24 WAC, Part J-3
Work in <b>laboratory</b> using hazardous chemicals	Develop and carry out the provisions of a written chemical hygiene plan	Chapter 296-62 WAC, Part Q
Work in <b>grain handling facilities</b>	Develop and implement a written housekeeping program	Chapter 296-99 WAC
May be exposed to certain <b>carcinogens</b> (cancer causing agents)	Implement a written program to reduce exposure to or below permissible limits	Chapter 296-62 WAC, Part G
Work with toxic, reactive, flammable, or explosive chemicals ( <b>process safety management of highly hazardous chemicals</b> )	Develop a written plan for preventing or minimizing the consequences of catastrophic releases	Chapter 296-67 WAC
Are <b>blasting</b> from an <b>aircraft</b>	This requires a written program approved by the Federal Aviation Administration and the director of the department of labor and industries	Chapter 296-59 WAC
Are exposed to operating <b>coke ovens</b>	Implement a written program to reduce employee exposure	Chapter 296-62 WAC, Part O

# Employee Rights Under WISHA

Use with WAC 296-800-120 Employee Responsibilities & Chapter 296-360 WAC Discrimination

If you, as an employee, complain about or report information about safety or health issues, you have specific rights protected under WISHA. See the table below to find out more.

<b>If:</b>	<b>Then:</b>
You believe you're being asked to do something potentially unsafe...	Report it to your employer and ask them to correct it, ask for other work, remain on the job until ordered to leave by the employer, or inform the employer that you will refuse to work if the hazard is not corrected.
You file a Safety or Health complaint for violations of Washington Administrative Code (WAC)...	L&I will review your complaint to see if it warrants investigation.
You quit or leave the worksite because your employer asks you to do something potentially unsafe on the job...	WISHA may not be able to protect your rights or investigate your complaint. However, you are not required to do potentially unsafe work.
You give a witness statement to a compliance inspector during an accident investigation or safety and health inspection...	You may ask to have your identity withheld at the time you give your statement. The compliance inspector should have you date, sign, and check the applicable blocks on a witness statement form.
Your employer retaliates against you for filing a complaint or giving a compliance inspector a statement about an accident or safety and health inspection...	You have 30 days to file a discrimination complaint against your employer. To file a complaint contact your local Labor & Industries office and ask for the WISHA Discrimination Section.



**Note:**

Other protections exist for employees under Title 51.

## Questions?

You can either call 1-800 4BESAFE or visit the WISHA website at <http://www.lni.wa.gov/wisha> for more information.

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# Hazard Assessment Checklist

Use with WAC 296-800-160 Personal Protective Equipment (PPE)

This checklist can help you do a hazard assessment to see if employees need to use personal protective equipment (PPE). You can make copies or develop a form that is appropriate to your workplace.

Some work activities are more hazardous than others. This list can help identify those activities that may create hazards for your employees. Read through the list, putting a check next to any word that describes an activity in your workplace. We've grouped the activities according to what part of the body might need PPE.

## Eyes

### Work activities:

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> sawing                | <input type="checkbox"/> cutting     | <input type="checkbox"/> drilling               |
| <input type="checkbox"/> sanding               | <input type="checkbox"/> grinding    | <input type="checkbox"/> punch press operations |
| <input type="checkbox"/> chopping              | <input type="checkbox"/> hammering   | <input type="checkbox"/> abrasive blasting      |
| <input type="checkbox"/> intense light/welding | <input type="checkbox"/> other _____ |   |

### Work related exposure to:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> airborne dust              | <input type="checkbox"/> flying particles | <input type="checkbox"/> blood splashes |
| <input type="checkbox"/> hazardous liquid chemicals |   | <input type="checkbox"/> other _____    |

## Face

### Work activities:

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> pouring  | <input type="checkbox"/> mixing               | <input type="checkbox"/> painting            |
| <input type="checkbox"/> cleaning | <input type="checkbox"/> siphoning            | <input type="checkbox"/> dip tank operations |
| <input type="checkbox"/> welding  | <input type="checkbox"/> pouring molten metal | <input type="checkbox"/> foundry work        |
| <input type="checkbox"/> cooking  | <input type="checkbox"/> other _____          |  |

### Work related exposure to:

- |   |                               |  |
|---|-------------------------------|--|
| <input type="checkbox"/> extreme heat               | <input type="checkbox"/> cold | <input type="checkbox"/> potential irritants |
| <input type="checkbox"/> hazardous liquid chemicals |                               | <input type="checkbox"/> other _____         |

## Head

### Work activities:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> construction          | <input type="checkbox"/> utility work              | <input type="checkbox"/> use of catwalks   |
| <input type="checkbox"/> building maintenance  | <input type="checkbox"/> use of crane loads        | <input type="checkbox"/> electrical wiring |
| <input type="checkbox"/> use of conveyor belts | <input type="checkbox"/> confined space operations | <input type="checkbox"/> other _____       |

### Work related exposure to:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> falling objects | <input type="checkbox"/> beams                                   | <input type="checkbox"/> machine parts |
| <input type="checkbox"/> pipes           | <input type="checkbox"/> exposed electrical wiring or components |  |
| <input type="checkbox"/> other _____     |  |  |

## Feet

### Work activities:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> construction                      | <input type="checkbox"/> plumbing        | <input type="checkbox"/> foundry work |
| <input type="checkbox"/> building maintenance              | <input type="checkbox"/> trenching       | <input type="checkbox"/> demolition   |
| <input type="checkbox"/> use of highly flammable materials | <input type="checkbox"/> welding         |                                       |
| <input type="checkbox"/> logging                           | <input type="checkbox"/> food processing | <input type="checkbox"/> other _____  |

### Work related exposure to:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> tools                 | <input type="checkbox"/> heavy equipment | <input type="checkbox"/> exposed electrical wiring or components |
| <input type="checkbox"/> slippery surfaces     | <input type="checkbox"/> explosives      |  |
| <input type="checkbox"/> explosive atmospheres | <input type="checkbox"/> other _____     |  |

## Hands

### Work activities such as:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> grinding          | <input type="checkbox"/> sawing                          | <input type="checkbox"/> use of computers |
| <input type="checkbox"/> hammering         | <input type="checkbox"/> working with glass              | <input type="checkbox"/> use of knives    |
| <input type="checkbox"/> material handling | <input type="checkbox"/> welding                         | <input type="checkbox"/> baking           |
| <input type="checkbox"/> cooking           | <input type="checkbox"/> dental and health care services |   |
| <input type="checkbox"/> sanding           | <input type="checkbox"/> other _____                     |   |

### Work related exposure to:

- |   |                                |                                      |
|---|--------------------------------|--------------------------------------|
| <input type="checkbox"/> tools or materials that could scrape, bruise, or cut |                                |                                      |
| <input type="checkbox"/> irritating chemicals                                 | <input type="checkbox"/> blood | <input type="checkbox"/> other _____ |

## Inhalation

### Work activities such as:

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> pouring                          | <input type="checkbox"/> mixing      | <input type="checkbox"/> painting                |
| <input type="checkbox"/> cleaning                         | <input type="checkbox"/> sawing      | <input type="checkbox"/> fiberglass installation |
| <input type="checkbox"/> compressed air or gas operations | <input type="checkbox"/> other _____ |  |

### Work related exposure to:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> irritating dust | <input type="checkbox"/> extreme heat/cold | <input type="checkbox"/> other _____ |
|--|--|--------------------------------------|

# Hazard Assessment Checklist

Use with WAC 296-800-160 Personal Protective Equipment (PPE)

## Hearing

Work activities such as:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> machining           | <input type="checkbox"/> grinding               | <input type="checkbox"/> sawing           |
| <input type="checkbox"/> sanding             | <input type="checkbox"/> use of conveyors       | <input type="checkbox"/> motors           |
| <input type="checkbox"/> pneumatic equipment | <input type="checkbox"/> generators             | <input type="checkbox"/> ventilation fans |
| <input type="checkbox"/> routers             | <input type="checkbox"/> punch or brake presses |   |
| or   |   |   |
| <input type="checkbox"/> other _____         |   |   |

Work related exposure to:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> noisy machines/tools | <input type="checkbox"/> loud work environment | <input type="checkbox"/> punch or brake presses |
| <input type="checkbox"/> loud noises          | <input type="checkbox"/> other _____           |   |

## General Hazards

Work activities such as:

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> utility work | <input type="checkbox"/> logging     | <input type="checkbox"/> building maintenance |
| <input type="checkbox"/> construction | <input type="checkbox"/> other _____ |   |

Work related exposure to:

- |  |   |
|--|---|
| <input type="checkbox"/> working from heights of 10 feet or more | <input type="checkbox"/> working near water |
| <input type="checkbox"/> other _____                             |   |

## Skin

Work activities such as:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> battery charging    | <input type="checkbox"/> sawing               | <input type="checkbox"/> fiberglass installation |
| <input type="checkbox"/> dip tank operations | <input type="checkbox"/> irritating chemicals | <input type="checkbox"/> baking or frying        |

Work related exposure to:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> sharp or rough edges | <input type="checkbox"/> chemical splashes | <input type="checkbox"/> extreme heat/cold |
|---|--|--|

Your name: \_\_\_\_\_

Name of your workplace: \_\_\_\_\_

Workplace address: \_\_\_\_\_

\_\_\_\_\_

Dates of Hazard Assessment for PPE: \_\_\_\_\_

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# Report of a Workplace Hazard

Use with WAC 296-800-120 Employee Responsibilities and WAC 296-800-140 Accident Prevention Program

This is an optional form, that either, an employee or employer can use to report a hazard.

If you complete this as an employee, give a completed copy to your employer. If you don't want to include your name on the form, make sure to give enough details about the hazard so your employer can recognize and correct it.

<b>Your name:</b> _____ <b>Today's Date:</b> _____
(Optional)
<b>Briefly describe the workplace hazard:</b> (Please give more details if you are filling this out anonymously. Use the back if you need more room)
<b>Where is the hazard located?</b> _____ _____
<b>Has the hazard been reported to your employer?</b> _____
<b>If so, who was it reported to?</b> _____
<b>Briefly describe what's been done to correct the hazard</b> _____ _____ _____
<b>Who took action to correct the hazard?</b> _____ _____ _____

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# Safety Meeting Minutes

Use with WAC 296-800-130 Safety Committees and Safety Meetings

This form can help you document the minutes of safety meetings in your workplace. This particular form isn't required, but shows the kind of information you need for your records. You can either copy this form or make your own.

## Remember, you must:

- Keep meeting minutes for one year.
- Cover specific topics in your meetings.

### Agenda:

Review of minutes of last safety meeting: Approved?  Yes  No

Corrections: \_\_\_\_\_

#### 1. Unfinished business from last meeting:

---

---

#### 2. Any hazards reported during this time period?

---

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#### 3. Describe any accident investigations conducted since last meeting. Did you identify and correct the cause of the unsafe situation(s)?

---

---

#### 4. Is your accident and illness prevention program working? Yes No

If no, describe any recommendations to improve it.

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#### 5. What other safety-related topics did you cover in this meeting?

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# Safety Meeting Minutes

Use with WAC 296-800-130 Safety Committees and Safety Meetings

Employer:	Worksite location:
<hr/>	
Date: _____	Meeting Start Time: _____ Meeting End Time: _____
<b>Who attended this meeting?</b>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<hr/>	
<b>Minutes written by:</b>	<b>Meeting Leader:</b>
<hr/>	
<b>Next meeting will be on (date):</b>	<b>Next meeting location:</b>
<hr/>	
<b>How likely is an injury or illness to occur in your workplace? (check the box that best applies)</b>	
<input type="checkbox"/> very likely <input type="checkbox"/> somewhat likely	
<input type="checkbox"/> likely <input type="checkbox"/> unlikely, we haven't had an on-the-job accident in years	
<b>How complex is your worksite? (check all boxes that apply)</b>	
<input type="checkbox"/> Large or spread out worksite (for example, a logging area)	
<input type="checkbox"/> poorly planned building	
<input type="checkbox"/> medium sized worksite	
<input type="checkbox"/> small worksite	
<input type="checkbox"/> 1 story building with plenty of exits and parking	

# Sample Hazardous Chemical Communication Program

## A. Company Policy

\_\_\_\_\_ (Name of employer) is committed to the prevention of exposures that result in injury and/or illness; and to comply with all applicable state health and safety rules. To make sure that all affected employees know about information concerning the dangers of all hazardous chemicals used by \_\_\_\_\_ (Name of employer), the following hazardous information program has been established.

All work units of \_\_\_\_\_ (Name of employer) will participate in the hazard communication program. This written program will be available in \_\_\_\_\_ (Specify the location) for review by any interested employee.

## B. Container Labeling

\_\_\_\_\_ (Name of person and position) is responsible for container labeling procedures, reviewing, and updating. The labeling system used at \_\_\_\_\_ (Name of employer) is as follows:

(Describe the labeling system, including the labels or other forms of warning used, and written alternatives to labeling, if any.)

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The procedures for proper labeling of all containers, and reviewing and updating label warnings are as follows:

(Also include a description of the procedures for labeling of secondary containers used, including making sure that they have the appropriate identification and hazard warning, etc.; description of procedures for reviewing and updating label warnings, how often the review is conducted, and the name of the person and position who is responsible for reviewing and updating label warnings.)

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It is the policy of \_\_\_\_\_ (Name of employer) that no container will be released for use until the above procedures are followed.

# Sample Hazardous Chemical Communication Program

## C. Material Safety Data Sheets (MSDS)

\_\_\_\_\_ is responsible to establish and monitor the employer's MSDS program. This person will make sure procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. This person will see that any new information is passed on to affected employees.

The procedures to obtain MSDSs and review incoming MSDSs for new or significant health and safety information are as follows:

(Include procedures on how to make sure copies are current and updated, how any new information is passed on to affected employees, and the procedures for employee access in work areas.)

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Copies of MSDSs for all hazardous chemicals in use will be kept in \_\_\_\_\_ MSDSs will be available to all employees during each work shift. If an MSDS is not available or a new chemical in use does not have an MSDS, immediately contact

\_\_\_\_\_  
(The person and position)

### Note:

If an alternative to printed Material Safety Data Sheets is used (such as computer data), provide a description of the format.

## D. Employee Information and Training

\_\_\_\_\_ is responsible for the employer/employee training program.

The procedures for how employees will be informed and trained are as follows:

(Include the methods used for general and site-specific training, and how employees will be informed when non-routine tasks arise. If your employees work at other employers' job sites, then specify where and how these employees will have access to MSDSs and labels, and how they will be informed of precautionary measures to take during normal or emergency operations, if any.)

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\_\_\_\_\_ will make sure that before starting work, each new employee of \_\_\_\_\_ will attend a health and safety orientation that includes information and training on the following:

# Sample Hazardous Chemical Communication Program

- An overview of the requirements contained in the Hazard Communication Standard.
- Hazardous chemicals present at his or her work places.
- Physical and health risks of the hazardous chemical.
- The symptoms of overexposure.
- How to determine the presence or release of hazardous chemicals in his or her work area.
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices, and personal protective equipment.
- Steps the employer has taken to reduce or prevent exposure to hazardous chemicals.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- How to read labels and review MSDSs to obtain hazard information.
- Location of the MSDS file and written hazard communication program.

Before introducing a new chemical hazard into any section of this employer, each employee in that section will be given information and training as outlined above for the new chemical.

## E. Hazardous non-routine tasks

Periodically, employees are required to perform hazardous non-routine tasks. (Some examples of non-routine tasks are confined space entry, tank cleaning, and painting reactor vessels.) Non-routine tasks that are performed at \_\_\_\_\_ (Name of employer) include

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Prior to starting work on such projects, each affected employee will be given information by \_\_\_\_\_ (Name of person and position) about the hazardous chemicals he or she may encounter during these activities:

(For each activity, list the specific chemical hazards, protective and safety measures the employee can use, and the steps the employer has taken to reduce the hazards, including ventilation, respirators, presence of another employee, and emergency procedures.)

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# Sample Hazardous Chemical Communication Program

## F. Multi employer work places

It is the responsibility of \_\_\_\_\_  
(Name of person and position) to provide employers of any other employees at the work site with the following information:

- Copies of MSDSs (or make them available at a central location) for any hazardous chemicals that the other employer(s)' employee may be exposed to while working.
- Inform other employers of any precautionary measures that need to be taken to protect employees during normal operating conditions or in foreseeable emergencies.
- Provide other employers with an explanation of the labeling system that is used at the work site.

It is also the responsibility of \_\_\_\_\_  
(Name of person and position) to identify and obtain MSDSs for the chemicals the contractor is bringing into the work place.

## G. List of hazardous chemicals

The following is a list of all known hazardous chemicals used by our employees. Further information on each chemical may be obtained by reviewing MSDSs located at

\_\_\_\_\_  
(Specify the location)

### MSDS identity:

(Here is where you put the chemical list developed during the inventory. Arrange this list so that you are able to cross-reference it with your MSDS file and the labels on your containers.)

The criteria (e.g., label warnings, MSDS information, etc.) used to evaluate the chemicals are:

(Include a description of a plan for how you will update the list.)

Chemical Name	Manufacturer	Location Used
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Sample Hazardous Chemical Communication Program

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The sample labels on the following page show the type of information you must list on containers of hazardous chemicals. You can copy and use these labels or you can make your own.

Be sure your labels contain the following information:

- Name of Chemical
- Physical Hazards
- Health Hazards, Target Organs or Systems
- Optional information, such as Personal Protective Equipment or Safe Handling

After you've finished typing or writing in your information, print the labels. Then, cut out the individual labels and apply them to your hazardous chemical containers.

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# Sample Labels for Hazardous Chemical Containers

Use with WAC 296-800-170 Employer Chemical Hazard Communication

\_\_\_\_\_  
Name of Chemical or Common Name

\_\_\_\_\_  
Physical Hazards

\_\_\_\_\_  
Health Hazards, Target Organs or Systems

\_\_\_\_\_  
Optional Information, such as Personal Protective Equipment or Safe Handling

\_\_\_\_\_  
Name of Chemical or Common Name

\_\_\_\_\_  
Physical Hazards

\_\_\_\_\_  
Health Hazards, Target Organs or Systems

\_\_\_\_\_  
Optional Information, such as Personal Protective Equipment or Safe Handling

\_\_\_\_\_  
Name of Chemical or Common Name

\_\_\_\_\_  
Physical Hazards

\_\_\_\_\_  
Health Hazards, Target Organs or Systems

\_\_\_\_\_  
Optional Information, such as Personal Protective Equipment or Safe Handling

\_\_\_\_\_  
Name of Chemical or Common Name

\_\_\_\_\_  
Physical Hazards

\_\_\_\_\_  
Health Hazards, Target Organs or Systems

\_\_\_\_\_  
Optional Information, such as Personal Protective Equipment or Safe Handling

\_\_\_\_\_  
Name of Chemical or Common Name

\_\_\_\_\_  
Physical Hazards

\_\_\_\_\_  
Health Hazards, Target Organs or Systems

\_\_\_\_\_  
Optional Information, such as Personal Protective Equipment or Safe Handling

\_\_\_\_\_  
Name of Chemical or Common Name

\_\_\_\_\_  
Physical Hazards

\_\_\_\_\_  
Health Hazards, Target Organs or Systems

\_\_\_\_\_  
Optional Information, such as Personal Protective Equipment or Safe Handling

1 • 800 • 4BE SAFE (1 • 800 • 423 • 7233)

# Sample Letter for Requesting a Material Safety Data Sheet (MSDS)

Use with WAC 296-800-170

This sample form letter shows what information you need to include when requesting Material Safety Data Sheets (MSDSs) from a manufacturer or distributor. You can use this sample as a guide to develop your own form letter.

## Sample Form Letter

Date of your request

Name of manufacturer/distributor you need the MSDS from

Their address

City, state, zip code

Their fax number if you make this request by fax

Subject: Material Safety Data Sheet Request (MSDS)

Please send us the (MSDSs) for the following product(s):

(1)

(2)

(3)

Our business needs the MSDS(s) listed above to comply with the Chemical Hazard Communication Standard, WAC 296-800-170. Please make sure that the MSDS(s) you send us meet the requirements of the Content and distribution of Material safety data sheets (MSDSs) and label information, Chapter 296-839 WAC (equivalent to 29 CFR 1910.1200, OSHA Hazard Communication Standard).

Thank you for your immediate response.

Sincerely,

Your name

Your company's name

Business address

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# Training Documentation Form

- WAC 296-800-140 Accident Prevention Program (recommended)
- WAC 296-800-150 First Aid (recommended)
- WAC 296-800-160 Personal Protective Equipment (PPE) (required)
- WAC 296-800-170 Chemical Hazard Communication (recommended)
- WAC 296-800-300 Portable Fire Extinguishers (recommended)

This sample form can help you verify in writing that each employee who needs training has received and understood it. You can copy this sample form or create your own.

<p><input type="checkbox"/> <b>Accident Prevention Program, safety orientation</b></p> <p><input type="checkbox"/> <b>Personal Protective Equipment Type:</b> _____</p> <p><input type="checkbox"/> <b>Chemical Hazard Communication</b></p> <p><input type="checkbox"/> <b>First Aid</b></p> <p><input type="checkbox"/> <b>Portable Fire Extinguishers</b></p> <p>Date(s) of training: _____</p> <p>List of employees who completed this training:</p> <table><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table> <p><b>Trainer/Employer:</b> _____</p>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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## General Safety and Health Rules

Access to Records

Chapter 296-802 WAC

Air Contaminants (Specific)

Chapter 296-62 WAC, Part I

Asbestos, Tremolite, Anthophyllite, and Actinolite

Chapter 296-62, WAC Part I-1

Atmospheres, Ventilation

Chapter 296-62 WAC, Part L

Carcinogens

Chapter 296-62 WAC, Part F

Carcinogens (Specific)

Chapter 296-62 WAC, Part G

Coke Ovens

Chapter 296-62 WAC, Part O

Compressed Gas and Equipment

Chapter 296-24 WAC, Part K

Confined Spaces

Chapter 296-809 WAC

Content and Distribution of Material Safety Data Sheets (MSDSs) and Label Information

Chapter 296-839 WAC

Cotton Dust

Chapter 296-62 WAC, Part N

Dipping and Coating Operations (Dip Tanks)

Chapter 296-835 WAC

Electrical

Chapter 296-24 WAC, Part L

Emergency Response

Chapter 296-824 WAC

—Continued—



# Resources

## General Safety and Health Rules (Continued)

Fire Protection

Chapter 296- 24WAC, Part G.-2

Fire Suppression Equipment

Chapter 296-24 WAC, Part G-3

Hazardous Chemicals in Laboratories

Chapter 296-62 WAC, Part Q

Hazardous Materials, Flammable and Combustible Liquids, Spray Finishing

Chapter 296-24 WAC, Part E

Hazardous Waste Operations

Chapter 296-843 WAC

Hearing Loss Prevention (Noise)

Chapter 296-817 WAC

Helicopters Used as Lifting Machines

Chapter 296-829 WAC

Late Night Retail Worker Crime Prevention

Chapter 296-832 WAC

Machinery and Machine Guarding

Chapter 296-24 WAC, Part C

(After January 1, 2005 see Chapter 296-806 WAC)

Materials Handling and Storage, Including Cranes, Barracks, etc.

Chapter 296-24 WAC, Part D

Means of Egress

Chapter 296-24 WAC, Part G-1

Occupational Exposure to Bloodborne Pathogens

Chapter 296-823 WAC

Portable Power Tools

Chapter 296-807 WAC

Powered Platforms

Chapter 296-24 WAC, Part J-3

—Continued—



## **General Safety and Health Rules (Continued)**

### Respirators

Chapter 296-24 WAC, Part J-3

### Respiratory Hazards

Chapter 296-841 WAC

### Safe Practices of Abrasive Blasting Operations, Ventilation

Chapter 296-24 WAC, Part H-2

### Safety Color Code for Working Physical Hazards, etc.

Chapter 296-24 WAC, Part B-2

### Safety Procedures

Chapter 296-24 WAC, Part A-4

(After November 1, 2004 see Chapter 296-803 WAC)

### Safety Standards for Window Cleaning

Chapter 296-878 WAC

### Scaffolds

Chapter 296-24 WAC, Part J-2

### Storage and Handling of Anhydrous Ammonia

Chapter 296-24 WAC, Part F-2

### Storage and Handling of Liquefied Petroleum Gases

Chapter 296-24 WAC, Part F-1

### Temporary Housing for Workers

Chapter 296-833 WAC

### Trade Secrets

Chapter 296-62 WAC, Part B-1

### Welding, Cutting and Brazing

Chapter 296-24 WAC, Part I

### Working Services, Guarding Floors and Wall Openings, Ladders

Chapter 296-24 WAC, Part J-1



# Resources

## **Chapter 296-155 WAC, Safety Rules for Construction Work**

Concrete, Concrete Forms, Shoring, and Masonry Construction, Part O  
Chapter 296-155-675 WAC

Cranes, Derricks, Hoists, Elevators, and Conveyors, Part L  
Chapter 296-155-525 WAC

Demolition, Part S  
Chapter 296-155-775 WAC

Electrical, Part I  
Chapter 296-155-426 WAC

Excavation, Trenching, and Shoring, Part N  
Chapter 296-155-650 WAC

Fall Restraint and Fall Arrest, Part C-1  
Chapter 296-155-245 WAC

Fire Protection and Prevention, Part D  
Chapter 296-155-250 WAC

Floor Openings, Wall Openings, and Stairways, Part K  
Chapter 296-155-500 WAC

General Safety and Health Provisions, Part A  
Chapter 296-155-001 WAC

Hazard Communication, Part B-2  
Chapter 296-155-180 WAC

Material Handling, Storage, Use and Disposal, Part F  
Chapter 296-155-325 WAC

Miscellaneous Construction Requirements, Part R  
Chapter 296-155-755 WAC

Motor Vehicles, Mechanized Equipment, and Marine Operations, Part M  
Chapter 296-155-600 WAC

Occupational Health and Environmental Control, Part B-1  
Chapter 296-155-100 WAC

**—Continued—**



## **Chapter 296-155 WAC, Safety Rules for Construction Work (Continued)**

Personal Protective and Lifesaving Equipment, Part C  
Chapter 296-155-200 WAC

Power Distribution and Transmission Lines, Part U  
See Chapter 296-45 WAC, Safety Standards for Electrical Workers

Rollover Protective Structures and Overhead Protection, Part V  
Chapter 296-155-950 WAC

Scaffolds, Part J-1  
Chapter 296-155-481 WAC

Signs, Signals, and Barricades, Part E  
Chapter 296-155-300 WAC

Stairways and Ladders, Part J  
Chapter 296-155-475 WAC

Steel Erection, Part P  
Chapter 296-155-701 WAC

Tools, Hand and Power, Part G  
Chapter 296-155-350 WAC

Underground Construction, Part Q  
Chapter 296-155-725 WAC

Welding and Cutting, Part H  
Chapter 296-155-400 WAC



# Resources

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## Industry Specific Rules

Agriculture

Chapter 296-307 WAC

Asbestos Removal and Encapsulation

Chapter 296-65 WAC

Charter Boats

Chapter 296-115 WAC

Clearance Rules - Railroads in Private Yards and Plants

Chapter 296-28 WAC

Commercial Diving Operations

Chapter 296-37 WAC

Compressed Air Work

Chapter 296-36 WAC

Electrical Workers

Chapter 296-45 WAC

Explosives, Possession and Handling

Chapter 296-52 WAC

Fire Fighters

Chapter 296-305 WAC

Grain Handling Facilities

Chapter 296-99 WAC

Laundry Machinery and Operations

Chapter 296-303 WAC

Logging Operations

Chapter 296-54 WAC

Longshore, Stevedore and Related Waterfront Operations

Chapter 296-56 WAC

—Continued—



## **Industry Specific Rules (Continued)**

Process Safety Management of Highly Hazardous Chemicals  
Chapter 296-67 WAC

Pulp, Paper, and Paperboard Mills and Converters  
Chapter 296-79 WAC

Railroad Clearances and Walkways in Private Rail Yards and Plants  
Chapter 296-860 WAC

Right to Know Fee Assessment  
Chapter 296-63 WAC

Sawmills and Woodworking Operations  
Chapter 296-78 WAC

Ship Repairing, Shipbuilding and Shipbreaking  
Chapter 296-304 WAC

Ski Area Facilities and Operations  
Chapter 296-59 WAC

Telecommunications  
Chapter 296-32 WAC

Textile Industry  
Chapter 296-301 WAC

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### **ACGIH (American Conference of Governmental Industrial Hygienists)**

<http://www.acgih.org>

1330 Kemper Meadow Dr. Ste 600  
Cincinnati OH 45240  
Phone: (513) 742-6163  
Fax: (513) 742-3355

### **AIHA (American Industrial Hygiene Association)**

<http://www.aiha.org>

2700 Prosperity Ave Ste. 250  
Fairfax, VA 22031  
Phone: (703) 849-8888  
Fax: (703) 207-3561

### **ANSI (American National Standards Institute)**

<http://www.ansi.org>

1819 L Street, NW  
Washington, DC 20036  
Phone: (202) 293-8020  
Fax: (202) 293-9287

### **ASSE (American Society of Safety Engineers)**

<http://www.asse.org>

1800 E. Oakton St.  
Des Plaines, IL 60018  
Phone: (847) 699-2929  
Fax: (847) 768-3434





# Resources

## Links

### Australia's National Occupational Health and Safety Commission

<http://www.worksafe.gov.au>

GPO Box 58  
Sydney NSW 2001  
Australia  
Phone: +61 2 9577 9555  
Toll Free: 1-800-252-226  
Fax: +61 2 9577 9202

### Department of Environmental Health University of Washington

<http://depts.washington.edu/envhlth/index.html>

University of Washington  
Box 357234  
Seattle, WA 98195-7234  
Phone: (206) 543-3199

### Environmental Tobacco Smoke

<http://www.lni.wa.gov/wisha/rules/corerules/HTML/296-800-240.htm>

For information about environmental tobacco smoke in the workplace see WISHA

### Evergreen Safety Council

<http://www.esc.org>

401 Pontius Ave.  
Seattle WA 98109  
Phone: (206) 382-4090  
Toll Free: (800) 521-0778  
Fax: (206) 382-0878

### Guidelines for First Aid Training Curriculums

**1-800-4BE SAFE (1-800-423-7233)**

<http://www.lni.wa.gov/wisha/ollearn/wpref.htm>

### **L&I (State of Washington Department of Labor and Industries)**

Homepage:

<http://www.lni.wa.gov>

To find the L&I office nearest you:

<http://www.wa.gov/lni/pa/direct.htm>

1-800-4BE SAFE (1-800-423-7233)

L&I training opportunities:

WISHA - <http://www.lni.wa.gov/Safety>

### **NIOSH (National Institute for Occupational Safety & Health)**

<http://www.cdc.gov/niosh/homepage.html>

4676 Columbia Parkway  
Cincinnati, OH 45226-1998  
Phone: (800) 356-4674

### **Northwest Center for Occupational Safety and Health Training**

<http://depts.washington.edu/envhlth/conted/ce/index.html>

4225 Roosevelt Way NE, Ste. 100  
Seattle, WA 98105  
Phone: (206) 543-1069  
Fax: (206) 685-3872

### **OSHA (Occupational Safety and Health Administration)**

<http://www.osha.gov>

200 Constitution Ave. NW  
Washington, DC 20210  
Phone: (800) 321-6742

Region 10 Office  
111 Third Ave. Suite 715  
Seattle, WA 98101-3212



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# Resources



**This list compares WISHA and OSHA requirements.**

Safety & Health Core Rules	Code of Federal Regulations
Introduction WAC 296-800-100	None
Employer Responsibilities: Safe Workplace WAC 296-800-110	None
Employee Responsibilities WAC 296-800-120	None
Safety Committees and Safety Meetings WAC 296-800-130	None
Accident Prevention Program WAC 296-800-140	None
First Aid WAC 296-800-150	CFR 1910.151
Personal Protective Equipment (PPE) WAC 296-800-160	Personal Protective Equipment CFR 1910 Subpart I
Employer Chemical Hazard Communication WAC 296-800-170	Hazardous Materials CFR 1910.1200, 1201 Subpart H
Material Safety Data Sheets (MSDSs) as Exposure Records WAC 296-800-180	Hazardous Materials CFR 1910.1020 Subpart Z
Safety Bulletin Board WAC 296-800-190	None
WISHA Poster WAC 296-800-200	CFR 1903.2A1
Lighting WAC 296-800-210	None
Housekeeping, Drainage, & Storage WAC 296-800-220	Walking-Working Surfaces CFR 1910.22 Subpart D General Environmental Controls CFR 1910.141 Subpart J Materials Handling and Storage CFR 1910.176 Subpart N
Drinking Water, Bathrooms, Washing Facilities, & Waste Disposal WAC 296-800-230	General Environmental Controls CFR 1910.141 Subpart J
Environmental Tobacco Smoke in the Office WAC 296-800-240	None



# Resources

This list compares WISHA and OSHA requirements.

Safety & Health Core Rules	Code of Federal Regulations
Stairs and Stair Railings WAC 296-800-250	Walking-Working Surfaces CFR 1910.24 Subpart D
Floor Openings, Floor Holes and Open-sided Floors WAC 296-800-260	Walking Working Surfaces CFR 1910.23 Subpart D
Workplace Structural Integrity WAC 296-800-270	Walking Working Surfaces CFR 1910.22 Subpart D
Electrical WAC 296-800-280	Electrical CFR 1910 Subpart S
Portable Ladders: Metal & Wooden WAC 296-800-290	Walking Working Surfaces CFR 1910 Subpart D
Portable Fire Extinguishers WAC 296-800-300	Fire Protection CFR 1910 Subpart L
Exit Routes & Employee Alarm Systems WAC 296-800-310	Means of Egress CFR 1910 Subpart E Fire Protection CFR 1910 Subpart L
Accident Reporting and Investigation WAC 296-800-320	Recording and Reporting Occupational Injuries and Illness CFR 1904.8
Releasing Accident Investigation Reports WAC 296-800-330	None
Protecting the Identity of the Source of Confidential Information WAC 296-800-340	None
WISHA Appeals, Penalties, and Procedural Rules WAC 296-800-350	Inspections, Citations, and Proposed Penalties CFR 1903
Using Standards from National Organizations and Federal Agencies WAC 296-800-360	None
Definitions WAC 296-800-370	None

# Resources

## Service Locations for L&I

### Aberdeen

(360) 533-8200  
FAX: (360) 533-8220  
TDD: (360) 533-9336

Attention: Safety and Health  
415 West Wishkah, Suite 1B  
Aberdeen, WA 98520-4315

### Bellevue

(425) 990-1400  
FAX: (425) 990-1445  
TDD: (425) 990-1450

Attention: Safety and Health  
616 120th Avenue NE, Suite C201  
Bellevue, WA 98005-3037

### Bellingham

(360) 647-7300  
FAX: 647-7310  
TDD: (360) 647-7299

Attention: Safety and Health  
1720 Ellis Street, Suite 200  
Bellingham, WA 98225-4677

### Bremerton

(360) 415-4000  
FAX: (360) 415-4048  
TDD: (360) 415-4014

Attention: Safety and Health  
500 Pacific Avenue, Suite 400  
Bremerton, WA 98337-1943

### Colville

(509) 684-7417  
Toll-free 1-800-509-9174  
FAX (509) 684-7416

Attention: Safety and Health  
298 South Main, Suite 203  
Colville, WA 99114-2416

Note: There is no WISHA staff at this service location. If you would like to talk to a WISHA staff, please call the Spokane service location.

### East Wenatchee

(509) 886-6500  
FAX: (509) 886-6510  
TDD: (509) 886-6512  
Toll Free: 1-800-292-5920

Attention: Safety and Health  
519 Grant Road  
East Wenatchee, WA 98802-5459

### Everett

(425) 290-1300  
FAX: (425) 290-1399  
TDD: (425) 290-1407

Attention: Safety and Health  
729 100th St. S.E.  
Everett WA 98208-3727





# Resources

## Service Locations for L&I

### Kennewick

(509) 735-0100  
 FAX: (509) 735-0120  
 TDD: (509) 735-0146  
 Toll Free: 1-800-547-9411

Attention: Safety and Health  
 4310 W 24th Ave.  
 Kennewick, WA 99336

### Longview

(360) 575-6900  
 FAX: (360) 575-6918  
 TDD: (360) 575-6921

Attention: Safety and Health  
 900 Ocean Beach Hwy  
 Longview, WA 98632-4013

### Moses Lake

(509) 764-6900  
 FAX: (509) 764-6923  
 TDD: (509) 754-6030  
 Toll Free: 1-800-574-2285  
 (Eastern WA only)

Attention: Safety and Health  
 3001 W. Broadway Ave.  
 Moses Lake, WA 98837-2907

### Mount Vernon

(360) 416-3000  
 FAX: (360) 416-3030  
 TDD: (360) 416-3072

Attention: Safety and Health  
 525 E College Way, Suite H  
 Mount Vernon, WA 98273-5500

### Okanogan

(509) 826-7345  
 FAX: (509) 826-7349  
 TDD: (509) 826-7370  
 Toll Free: 1-800-942-4387  
 (Eastern WA only)

Attention: Safety and Health  
 1234 2nd Avenue S  
 Okanogan, WA 98840-9723

### Port Angeles

(360) 417-2700  
 FAX: (360) 417-2733  
 TDD: (360) 417-2752

Attention: Safety and Health  
 1605 East Front Street, Suite C  
 Port Angeles, WA 98362-4628

### Pullman

(509)334-5296  
 Toll-free 1-800-509-0025  
 FAX: (509) 334-3417

Attention: Safety and Health  
 1250 Bishop Blvd SE, Suite G  
 PO Box 847  
 Pullman, WA 99163-0847

Note: There is no WISHA staff at this service location. If you would like to talk to a WISHA staff, please call the Spokane service location.

# Resources

## Service Locations for L&I

### Seattle

(206) 515-2800  
FAX: (206) 515-2779  
TDD: (206) 515-2803

Attention: Safety and Health  
315 - 5th Ave S. Ste 200  
Seattle, WA 98104-2607

### Spokane

(509) 324-2687  
Toll-free: 1-800-509-8847  
FAX: (509) 324-2636  
TDD: (509) 324-2653

Attention: Safety and Health  
901 N Monroe Street, Suite 100  
Spokane, WA 99201-2149

### Tacoma

(253) 596-3868  
FAX: (253) 596-3903  
TDD: (253) 596-3887

Attention: Safety and Health  
950 Broadway Suite 200  
Tacoma, WA 98402-4453

### Tukwila

(206) 835-1000  
FAX: (206) 835-1099  
TDD: (206) 835-1102

Attention: Safety and Health  
PO Box 69050 (Mail only)  
12806 Gateway Drive  
(physical address only)  
Seattle, WA 98168-1050

### Tumwater

(360) 902-5799  
FAX: (360) 902-5792  
TDD: (360) 902-4637

Attention: Safety and Health  
Mailing address: PO Box 44851  
Olympia, WA 98504-4851

Physical address:  
1st Floor, Lobby  
7273 Linderson Way SW  
Tumwater, WA 98501-5414

**Please note:** The physical address for our Tumwater building is not for U.S. Postal Service mail (unless specifically requested by USPS). Using this address may significantly delay delivery.





# Resources

## Service Locations for L&I

### Vancouver

(360) 896-2300  
FAX: (360) 896-2345  
TDD: (360) 896-2304

Attention: Safety and Health  
312 SE Stonemill Dr, Suite 120  
Vancouver, WA 98684-3508

### Walla Walla

(509) 527-4437  
FAX: (509) 527-4486  
TDD: (509) 527-4172

Attention: Safety and Health  
1815 Portland Avenue, Suite 2  
Walla Walla, WA 99362-2246

### Yakima

(509) 454-3700  
Toll-free 1-800-354-5423  
FAX: (509) 454-3710  
TDD: (509) 454-3741

Attention: Safety and Health  
15 W. Yakima Avenue, Suite 100  
Yakima, WA 98902-3480



## Requesting Information

IF YOUR REQUESTING:	THEN:
An appeal of a WISHA Citation and Notice	<p><b>Mail requests to:</b>                      Department of Labor &amp; Industries                      PO Box 44604                      Olympia, Washington 98504-4604</p> <p><b>Fax requests to:</b> (360) 902-5581</p>
Copies of a WISHA Citation and Notice	<p><b>Employee representatives</b> should mail form F418-023-000 (Request for copy of Citation and Notice) to:                      Department of Labor &amp; Industries                      Public Disclosure                      PO Box 44600                      Olympia, Washington 98504-4600</p> <p><b>Individual employees</b> should mail or fax their request to:                      Department of Labor &amp; Industries                      Public Disclosure                      PO Box 44632                      Olympia, Washington 98504-4632</p> <p><b>FAX:</b> (360) 902-5529</p>
Material Safety Data Sheets (MSDSs)	<p><b>Mail requests to:</b>                      Department of Labor &amp; Industries                      Right-to-Know Program                      PO Box 44610                      Olympia, Washington 98504-4610</p>
Inspection Reports	<p><b>Mail requests to:</b>                      Department of Labor &amp; Industries                      PO Box 44632                      Olympia, Washington 98504-4632</p>

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