

ABATEMENT FORM

AREA SUPERVISOR

Tennessee Department of Labor and Workforce Development
Division of Occupational Safety and Health
(Mail to the area office address listed in the original citation)

Date _____

SUBMITTED BELOW IS OUR RESPONSE TO THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF YOUR INSPECTION NUMBER: _____ AND ISSUED TO:

Name of Establishment _____

Citation & Item #	Date Corrected	How Corrected

A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

Employer Official's Signature

Job Title