

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



Utah Occupational Safety and Health Division
160 East 300 South
P.O. Box 146650
Salt Lake City, UT 84114-6650

Phone: (801) 530-6901
FAX: (801) 530-7606

www.laborcommission.utah.gov

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: _____

*These fees are set annually by the Legislature of the state of Utah, and are only valid for fiscal year 2012.