

SAMPLE LETTER

**(USE TO REQUEST COPIES OF THE EMPLOYER SH-900 LOGS
OF WORK-RELATED INJURIES AND ILLNESSES)**

(Date)

(Name of person responsible for maintaining logs)

(Title)

(Employer)

(Address)

SUBJECT: Request for completed New York State Department of Labor
SH-900 Logs of Work-Related Injuries and Illnesses
(Employer or Specific Facility) for (List Years Here)

Dear **(Name)**,

(I or We), (employee or employee representative), hereby request a copy of the completed New York State Department of Labor SH-900 logs of Work-Related Injuries and Illnesses for **(employer or specific facility)** for **(list years)** years. According to the New York State Department of Labor Public Employee Safety Health Bureau Regulation 29CFR1904.35, "When an employee, former employee, authorized employee representative, or personal representative of an employee asks for copies of the employer's current or stored safety and health S&H Log(s), the employer must give the requester a copy of the relevant S&H 900 Log(s) by the end of the next business day."

Please send the requested records in accordance with this regulatory requirement.

Send the requested forms to:

(Name)

(Address)

Sincerely,

(Your name and title)

cc: