



Department of Labor

WORKING FOR YOU

Kathy Hochul, Governor
Roberta Reardon, Commissioner

PESH Authorization for Advance Notice of an Inspection to an Employer

Employer Name: _____ Date of Request: ___ / ___ / ___

Employer Address: _____

Complaint Number if Applicable: _____

Alleged Hazard: _____

Type of Inspection: _____

Severity of Alleged Hazard: _____

Justification for Advance Notice: _____

Number of Employees Exposed to Hazard: _____

Was Verbal Authorization Granted? Yes No

Name and Title: _____

PESH Requestor Name: _____

Title: _____ Signature: _____

Request is: Approved Denied

Executive Approver Name: _____

Title: _____ Signature: _____