



Regulatory Agency Visit Worksheet

Instructions: Print this worksheet and fill it out during the course of a visit from a Regulatory Agency (Occupational Safety and Health Administration (OSHA), Environmental Protection Agency (EPA), Etc.). This worksheet covers visits by any federal or state Regulatory Agency. It was designed to help you collect all necessary information in the event you are inspected by a Regulatory Agency.

This worksheet is to be completed and submitted to the Safety Department within **24** hours after a Regulatory Agency representative leaves your location. Send the completed worksheet to safetyteam@discounttire.com

A separate worksheet is to be completed for each day a Regulatory Agency representative is on the premises. Additional pages may be attached, as necessary.

Review "Regulatory Agency Visit Guidelines" for additional information
Call @6SAFE (67233) for any questions regarding this worksheet.

STORE INFORMATION	
Region	
Store #	
Date of visit	
Worksheet Completed By	

REGULATORY AGENCY REPRESENTATIVE INFORMATION	
Regulatory Agency Office Represented	
Name & Title of the Regulatory Agency Representative	
ID/Badge #	
Phone Number	
Email Address	
Time of Arrival/Opening Conference	
Time of Departure	
Date & Time of Closing Conference	



VISIT PURPOSE

Circle all that apply: (Attach a copy of complaint(s) or any other documentation you receive)	<i>Formal Complaint</i> <i>Programmed Inspection</i> <i>Comprehensive Inspection</i> <i>Imminent Danger</i> <i>Referral</i> <i>Records Review</i>	<i>Informal Complaint</i> <i>Non-Programmed Inspection</i> <i>Partial Inspection</i> <i>Fatality/Catastrophe</i> <i>Follow-Up</i> <i>Monitoring</i> <i>Other</i> _____
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Document Requests

INSPECTION WALKTHROUGH

Areas of the Building Inspected	
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Processes Observed	
Equipment Inspected	
Measurements Taken (record all measurements)	



Videos or Pictures Taken (Describe what was recorded or take a photo of the inspector taking the photo)	
Please Note Any Specific Conversations With the Regulatory Agency Representative and Any Other Relevant Information	



EMPLOYEE INTERVIEW #1

Location of interview	
Name of Employee Interviewed	
Is the Employee Full Time or Part Time?	
Was the Employee interviewed alone or did they have a co-worker present?	

EMPLOYEE INTERVIEW #2

Location of interview	
Name of Employee Interviewed	
Is the Employee Full Time or Part Time?	
Was the Employee interviewed alone or did they have a co-worker present?	

MANAGER INTERVIEW (if applicable)

Location of interview	
Name of Employee Interviewed	
Manager Interview Summary	



ADDITIONAL NOTES

**Please note any
additional
information not
included in the
previous fields**

Send Your Completed Worksheet to
Safetyteam@discounttire.com