

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

Department of Employment Services

MURIEL BOWSER  
MAYOR



DEBORAH A. CARROLL  
DIRECTOR

**ADVISORY NOTICE OF PRELIMINARY INSPECTION  
BY DEPARTMENT OF EMPLOYMENT SERVICES REPRESENTATIVES**

Date

To: **«Company Name»**,  
(Company Name)

The Department of Employment Services (DOES) has the authority to conduct random inspections of businesses within the District of Columbia to ensure full compliance with all of the District's required Wage-Hour, Workers' Compensation, and Occupational Safety and Health Laws. While on site, DOES representatives will also perform property inspection to certify that the required employment-related posters and notices are posted in conspicuous places easily accessible to employees.

The following representatives visited you today:

DC Office of Wage-Hour:

DC Occupational Safety and Health: \_\_\_\_\_

DC Office of Workers' Compensation:

**NO PRELIMINARY VIOLATIONS WERE DISCOVERED.**

If you have further questions, please call Sheree Price, Program Analyst, Office of Wage-Hour at (202) 671-1880.

Our office hours are 8:30 a.m. to 4:30 p.m. Monday through Thursday and 9:30 a.m. to 4:30 p.m. on Friday.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Employment Services**

**THIS IS TO ACKNOWLEDGE THAT A PRELIMINARY INSPECTION BY THE DISTRICT OF COLUMBIA DEPARTMENT OF EMPLOYMENT SERVICES WAS CONDUCTED AT:**

«Company Name» - «Address Line 1»

(Company Name & Address)

(Date)

**THE FOLLOWING ARE THE RESULTS OF THE PRELIMINARY INSPECTION. THIS IS NOT A NOTICE OF VIOLATION, BUT AN ADVISORY NOTICE TO ENSURE COMPLIANCE.**

DC Office of Wage-Hour

Material Provided?

- Posters are not in a conspicuous place: \_\_\_\_\_ N/A
- No Wage Theft Prevention Amendment Act Notice: \_\_\_\_\_ YES/NO
- No Living Wage Poster (when applicable): \_\_\_\_\_ YES/NO
- No Minimum Wage Poster: \_\_\_\_\_ YES/NO
- No Accrued Sick and Safe Leave Poster: \_\_\_\_\_ YES/NO

Federal & DC Occupation Safety & Health

- No OSHA 3165 English Poster: \_\_\_\_\_ YES/NO
- No OSHA 3167 Spanish Poster: \_\_\_\_\_ YES/NO
- No OSHA Fact Sheet (optional): \_\_\_\_\_ YES/NO

DC Office of Workers' Compensation (Private Sector)

- No Notice of Compliance Poster: \_\_\_\_\_ YES/NO
- No Insurance Carrier listed on Poster: \_\_\_\_\_ N/A
- No Proof of Coverage Form (when applicable): \_\_\_\_\_ YES/NO
- No Worker's Compensation Forms – 7; 7A; 8 (optional): \_\_\_\_\_ YES/NO

By signing this document, I acknowledge receipt of this advisory notice and that I have received information regarding compliance requirements with Federal Labor Standards and the District of Columbia Labor Laws and regulations. The District of Columbia Department of Employment Services enforces the DC Labor Laws and regulations.

\_\_\_\_\_  
Print Name/Position

\_\_\_\_\_  
Signature

Delivered by: \_\_\_\_\_

DOES Representative

Date