



National Association of Letter Carriers

Request for Information

Heat Abatement Program



Date ____/____/____

To: _____
Supervisor Customer Services

_____ Installation / Station

Pursuant to Article 17 and 31 of the National Agreement as well as the National Labor Relations Act, I am requesting access to the following information (hard copy or electronic) in order to investigate and/or process a grievance.

- 1 A copy of the Heat Abatement Program for the above referenced Installation including all instructions given to supervisors as well as instructions that they were to provide letter carriers.
- 2 Copies of updated OSHA 300 logs for the last 5 years.
- 3 Documentation showing the names of the supervisor(s) / managers who presented heat abatement related safety talks, with copies of all documents that they used to give these talks, a listing of the employees in attendance, the time that each stand-up talk was presented, along with copies of the ETC reports showing when letter carriers clocked in. This information is requested for each stand up talk that the employer conducted on heat safety during the previous 90 days.
- 4 Printouts from the USPS Safety toolkit for each of the stand-up talks identified in #3 above, identifying who entered the information and which documents were used to enter these records.
- 5 A listing of any employee heat related complaint or concern brought to the attention of supervision, identifying the date of the communication, the name of the employee, the specific concern or comment surfaced, the specific action taken by the employer in response to the comments or complaints surfaced and who investigated the complaint/concern.
- 6 Any and all additional information concerning the heat related incident/illness to City Carrier _____.

I am also requesting time to interview the following individuals:

Your cooperation in this matter will be greatly appreciated. If you have any questions concerning this request for information please feel free to contact me.

Sincerely,

Shop Steward - NALC

Request received by

Date ____/____/____

Request approved _____ Disapproved _____

If disapproved, give reason:
