



To: Indiana SMACNA Contractors and Chapters

Re: IOSHA Alliance

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone/Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Contact \_\_\_\_\_

My company is pleased to participate in the IOSHA/SMACNA/Local #20 Alliance. Please accept this as our commitment. We will forward our OSHA 300 Log information to the SMACNA office on a quarterly basis as required.

Respectfully,

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date