

Phone: ( ) Fax: ( )

## Citation and Notification of Penalty

To:  
and its successors

**Inspection Number:**  
**Inspection Date(s):**  
**Issuance Date:**  
**CSHO ID:**  
**Optional Report #:**  
**Reporting ID:**

**Inspection Site:**

*The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.*

**This Citation and Notification of Penalty** (hereinafter Citation) is being issued in accordance with California Labor Code Section 6317 for violations that were found during the inspection/investigation. **This Citation or a copy must be prominently posted upon receipt by the employer at or near the location of each violation until the violative condition is corrected or for three working days, whichever is longer.** Some violations of Title 8 of the California Code of Regulations, or of the California Labor Code, may result in prosecution for a misdemeanor or a felony.

**YOU HAVE A RIGHT** to contest this Citation and Notification of Penalty by filing an appeal with the Occupational Safety and Health Appeals Board. To initiate your appeal, you **must** contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of this Citation. If you miss the 15 working day deadline to appeal, the Citation and Notification of Penalty becomes a final order of the Appeals Board, not subject to review by any court or agency.

**Informal Conference** - You may request an informal conference with the Manager of the District Office which issued the Citation within 10 working days after receipt of the Citation. However, if the citation is appealed, you may request an informal conference at any time prior to the day of the hearing. Employers are encouraged to schedule a conference at the earliest possible time to assure an expeditious resolution of any issues. At the informal conference, you may discuss the existence of the alleged violation, classification of the violation, abatement date or proposed penalty.

Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an agreement which resolves this matter without litigation or contest.

## **APPEAL RIGHTS**

The Occupational Safety and Health Appeals Board (Appeals Board) consists of three members appointed by the Governor. The Appeals Board is a separate entity from the Division of Occupational Safety and Health (Division) and employs experienced attorneys as administrative law judges to hear appeals fairly and impartially. To initiate an appeal from a Citation and Notification of Penalty, you must contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of a Citation. After you have initiated your appeal, you must then file a completed appeal form with the Appeals Board, at the address listed below, for each contested citation. Failure to file a completed appeal form with the Appeals Board may result in dismissal of the appeal. Appeal forms are available from district offices of the Division, or from the Appeals Board:

Occupational Safety and Health Appeals Board  
2520 Venture Oaks Way, Suite 300  
Sacramento, CA 95833  
Telephone: (916) 274-5751  
Fax: (916) 274-5785

If the Citation you are appealing alleges more than one item, you must specify on the appeal form which items you are appealing. You must also attach to the appeal form a legible copy of the Citation you are appealing.

Among the specific grounds for an appeal are the following: the safety order was not violated, the classification of the alleged violation (e.g., serious, repeat, willful) is incorrect, the abatement requirements are unreasonable or the proposed penalty is unreasonable.

**Important:** You must notify the Appeals Board, not the Division, of your intent to appeal within 15 working days from the date of receipt of the Citation. Otherwise, the Citation and Notification of Penalty becomes a final order of the Appeals Board not subject to review by any court or agency. An informal conference with the Division does not constitute an appeal and does not stay the 15 working day appeal period. If you have any questions concerning your appeal rights, call the Appeals Board, (916) 274-5751.

## PENALTY PAYMENT

Penalties are due within 15 working days of receipt of this Citation and Notification of Penalty unless contested. Make your check or money order payable to "CAL/OSHA". Please indicate the Inspection Number on the remittance. Return one copy of the Citation with your remittance and mail to:

Department of Industrial Relations  
Cashier, Accounting Office  
P. O. Box 420603  
San Francisco, CA 94142-0603

You can make payments by VISA or MasterCard for a convenience fee of \$5.00 per payment. Please call (415) 703-4308 for processing.

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

## NOTIFICATION OF CORRECTIVE ACTION

For violations which you do not contest, you should notify the Division of Occupational Safety and Health promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation and Notification of Penalty. Please inform the District Office listed on the Citation by submitting the CAL/OSHA Form 160 and/or 161 with the specific measures and equipment you have taken and the date the violation was abated, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. The adjusted penalty for serious and general violations is reduced by 50% on the presumption that the employer will correct the violations by the abatement date. **If the CAL/OSHA Form 161 is not returned to the District Office within 10 working days following the abatement date, the abatement credit will be revoked, causing the penalty to double.**

**Note:** Return the CAL/OSHA Form 160/161 to the District Office listed on the Citation and as shown below:

Division of Occupational Safety and Health

Telephone: ( )

## EMPLOYEE RIGHTS

**Employer Discrimination Unlawful** - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under Labor Code Section 6310 or 6311. An employee who believes that he/she has been discriminated against may file a complaint no later than six (6) months after the discrimination occurred with the Division of Labor Standards Enforcement.

**Employee Appeals** - An employee or authorized employee representative may, within 15 working days of the issuance of a citation, special order, or order to take special action, appeal to the Occupational Safety and Health Appeals Board the reasonableness of the period of time fixed by the Division of Occupational Safety and Health (Division) for abatement. An employee appeal may be filed with the Appeals Board or with the Division. No particular format is necessary to initiate the appeal, but the notice of appeal must be in writing.

If an Employee Appeal is filed with the Division, the Division shall note on the face of the document the date of receipt, include any envelope or other proof of the date of mailing, and promptly transmit the document to the Appeals Board. The Division shall, no later than 10 working days from receipt of the Employee Appeal, file with the Appeals Board and serve on each party a clear and concise statement of the reasons why the abatement period prescribed by it is reasonable.

Employee Appeal Forms are available from the Appeals Board, or from a District Office of the Division.

**Employees Participation in Informal Conference.** Affected employees or their representatives may notify the District Manager that they wish to attend the informal conference. If the employer objects, a separate informal conference will be held.

**State of California**  
Division of Occupational Safety and Health  
Cal/OSHA District Office

**Inspection Number:**  
**Inspection Dates:**  
**Issuance Date:**  
**CSHO ID:**  
**Optional Inspection Nbr:**

Telephone: ( )

**Citation and Notification of Penalty**

**Company Name:**  
**Inspection Site:**

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Citation 1 Item 1 Type of Violation:

T8CCR

Date By Which Violation Must be Abated:  
Proposed Penalty:

\$

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See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

**State of California**  
Division of Occupational Safety and Health  
Cal/OSHA District Office

**Inspection Number:**  
**Inspection Dates:**  
**Issuance Date:**  
**CSHO ID:**  
**Optional Inspection Nbr:**

Telephone: ( )

**Citation and Notification of Penalty**

**Company Name:**

**Inspection Site:** \_\_\_\_\_

Citation 2 Item 1 Type of Violation

Date By Which Violation Must be Abated:

Proposed Penalty:

\$ 0

\_\_\_\_\_  
Compliance Officer/District Manager

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of California  
Division of Occupational Safety and Health  
Cal/OSHA District Office

Phone:

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## NOTICE OF PROPOSED PENALTIES

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**Company Name:**

**Inspection Site:**

**Mailing Address:**

**Issuance Date:**

**Index Code:**

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### Summary of Penalties for Inspection Number

Citation 1, Item 1 = \$

**TOTAL PROPOSED PENALTIES = \$**

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Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed. Make your check or money order payable to "CAL/OSHA". Please indicate the Inspection Number on the remittance.

**RETURN THIS FORM ALONG WITH A COPY OF THE CITATION AND NOTIFICATION OF PENALTY WITH YOUR REMITTANCE AND MAIL TO:**

**DEPARTMENT OF INDUSTRIAL RELATIONS**

**CASHIER, ACCOUNTING OFFICE**

**P. O. BOX 420603**

**SAN FRANCISCO, CA 94142-0603**

You can make payments by VISA or MasterCard for a convenience fee of \$5.00 per payment. Please call (415) 703-4308 for processing.

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions or endorsements do not exist.

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