OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD
2520 Venture Oaks Way, Suite 300
Sacramento, CA 95833
(916) 274-5751
FAX (916) 274-5785

APPEAL FORM

312863628
Inspection Number on Citation

Reliable Container Corporation
Employer Name on Citation

Employer Legal Name or DBA (Optional)
9206 Santa Fe Springs Road
Address
Santa Fe Springs, CA 90670

2010-R 3 D 6 -3592

1. You only have 15 working days from receipt of a citation to appeal.

2. A copy of this form must be attached to each citation or notification appealed. Failure to file a completed form may result in dismissal of the appeal.

FIRST READ IMPORTANT INFORMATION ON THE REVERSE SIDE THEN COMPLETE ONE APPEAL FORM FOR EACH CITATION

1. This is an Appeal from:

[ ] CITATION NO(s): 1__ Item No(s): 1__

[ ] NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION CITATION NO(s): 1__ Item No(s): 1__

[ ] SPECIAL ORDER/SPECIAL ACTION NO: __________________ Item No(s): __________________

2. Specific ground(s) for this appeal are: (Check all that apply)

[ ] The safety order was not violated.

[ ] The classification (i.e. serious, willful, repeat) is incorrect.

[ ] The abatement requirements are unreasonable.

[ ] Required changes [ ] Time allowed to complete changes

[ ] The proposed penalty is unreasonable.

3. Explain any other reasons for appeal or issues to be raised on appeal. Affirmative defenses must be specifically stated. Some important affirmative defenses are listed on the OSHAB website at: http://www.dir.ca.gov/OSHAB/oshab.html

Please see attachment
Attachment to OSHAB Appeal Form
Inspection Number 312663628
Company Name: Reliable Container Corporation
Inspection Site: 9206 Santa Fe Springs Road, Santa Fe Springs, CA 90670

(Citation No. 1, Item No. 1)

3. Explain any other reasons for appeal or issues to be raised on appeal.

AFFIRMATIVE DEFENSES:

(1) Independent Employee Act;

(2) No Employer Knowledge of Alleged Hazard;

(3) No Employer Knowledge of Alleged Deficiencies;

(4) Independent Failure of Safety Equipment;

(5) The Citation is Duplicative;

(6) Prejudicial Misconduct by Representatives of the Division;

(7) The Employer Took Ample Alternative Precautions to Ensure the Safety of Its Employees;

(8) The Division Relied on Evidence Known to Be Inaccurate and False;

(9) The Alleged Violation Had No Causal Effect on the Incident of May 11, 2010; and

(10) The Employer Reserves the Right to Add Additional Affirmative Defenses.
A. Use this form to appeal a Citation, Notification of Failure to Abate Alleged Violation, or Special Order/Special Action.

B. You must complete a separate appeal form for each citation or notification you wish to appeal and attach a copy of the complete citation or notification that you are appealing.

C. If the citation or notification being appealed includes more than one item do not use separate appeals forms for each item. Instead, specify the items you are appealing in the space provided in No. 1 on the front of this form. (for example, "Citation No. 1, Item Nos. 2, 5, and 8")

D. Be sure to sign your appeal form and provide all the information requested in No. 4 above.

E. Your appeal form shall be deemed not completed unless you attach a copy of each citation or notification that you are appealing, and failure to file a completed appeal form may result in dismissal of the appeal.

F. If you or your representative change address, telephone number, and/or e-mail address, it is your responsibility to notify the Appeals Board in writing of the change(s). Otherwise the Appeals Board will continue to use the address it has on file and you risk not receiving notices or other communications from the Appeals Board. Appeals Board regulations make it the employer's obligation to notify the Appeals Board of any changes to the employer's and/or representative's contact information.

G. Mail each completed Appeal form and citation or notification to the Occupational Safety and Health Appeals Board, 2520 Venture Oaks Way, Suite 300, Sacramento, CA 95833.

H. Late appeals will not be accepted unless good cause is shown.

OSHAB 5/08
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APEAL FORM

312663628
Inspection Number on Citation

Reliable Container Corporation
Employer Name on Citation

Employer Legal Name or DBA (Optional)
9206 Santa Fe Springs Road
Address
Santa Fe Springs, CA 90670

2010-R 3D 6-3593

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   from receipt of a citation to appeal.

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FIRST READ IMPORTANT INFORMATION ON THE REVERSE SIDE
THEN COMPLETE ONE APPEAL FORM FOR EACH CITATION

1. This is an Appeal from:
   [✓] CITATION NO(s): 2 Item No(s): 1
   [✓] NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION
       CITATION NO(s): 2 Item No(s): 1
   [✓] SPECIAL ORDER/SPECIAL ACTION NO:
       Item No(s): __

2. Specific ground(s) for this appeal are: (Check all that apply)
   [✓] The safety order was not violated.
   [✓] The classification (i.e. serious, willful, repeat) is incorrect.
   [✓] The abatement requirements are unreasonable.
       [✓] Required changes   [✓] Time allowed to complete changes
   [✓] The proposed penalty is unreasonable.

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   Some important affirmative defenses are listed on the OSHAB website at: http://www.dir.ca.gov/OSHAB/oshab.html
   Please see attachment


Attachment to OSHAB Appeal Form
Inspection Number 312663628
Company Name: Reliable Container Corporation
Inspection Site: 9206 Santa Fe Springs Road, Santa Fe Springs, CA 90670

(Citation No. 2, Item No. 1)

3. Explain any other reasons for appeal or issues to be raised on appeal.

AFFIRMATIVE DEFENSES:

(1) Independent Employee Act;
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(4) Independent Failure of Safety Equipment;
(5) The Citation is Duplicative;
(6) Prejudicial Misconduct by Representatives of the Division;
(7) The Employer Took Ample Alternative Precautions to Ensure the Safety of Its Employees;
(8) The Division Relied on Evidence Known to Be Inaccurate and False;
(9) The Alleged Violation Had No Causal Effect on the Incident of May 11, 2010; and
(10) The Employer Reserves the Right to Add Additional Affirmative Defenses.
(Signature of Employer or Employer’s Representative)

{If there is any change in representation after you file your appeal, you must notify the Appeals Board in writing}

Warren L. Nelson of Fisher & Phillips LLP

(Type or print name)

Attorney Representative of Reliable Container Corporation

(Title)

2050 Main Street, Suite 1000

(Address) {Address where all communications from the Appeals Board will be sent}

Irvine CA 92614

(City) (State) (Zip Code)

(949) 851-2414 wnelson@laborlawyers.com 11/15/10

(Telephone) (E-Mail Address) (Date)

{All correspondence from the Appeals Board will be sent to the representative above at the address above. If there is any change in address, telephone number, and/or e-mail address after you file your appeal, you must notify the Appeals Board of the change(s). All such notifications must be in writing}

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APPEAL FORM

Inspection Number on Citation

Reliable Container Corporation

Employer Name on Citation

Employer Legal Name or DBA (Optional)

Address

Santa Fe Springs, CA 90670

FORM 2010-R 3 D 6 -3594

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FIRST READ IMPORTANT INFORMATION ON THE REVERSE SIDE
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1. This is an Appeal from:

[ ✓ ] CITATION NO(s): 3 Item No(s): 1

[ ✓ ] NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION CITATION NO(s): 3 Item No(s): 1

[ ] SPECIAL ORDER/SPECIAL ACTION NO: Item No(s): ______________

2. Specific ground(s) for this appeal are: (Check all that apply)

[ ✓ ] The safety order was not violated.

[ ✓ ] The classification (i.e. serious, willful, repeat) is incorrect.

[ ✓ ] The abatement requirements are unreasonable.

[ ✓ ] Required changes [ ✓ ] Time allowed to complete changes

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Warren L. Nelson of Fisher & Phillips LLP

(Type or print name)

Attorney Representative of Reliable Container Corporation

(Title)

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(Address) {Address where all communications from the Appeals Board will be sent}

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(City) (State) (Zip Code)

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