STATE OF CALIFORNIA

## SUBPOENA FOR PERSONAL APPEARANCE AT VIDEO HEARING (ATTORNEY) DIR OSHAB 315 REV. 1/2025

DEPARTMENT OF INDUSTRIAL RELATIONS OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

Attorney (Name, State Bar r	number, and address	)	
Telephone No.:			
Email Address:			
Attorney For (Name):			
CALIFORNIA OCCUPATIO	NAL SAFETY		
AND HEALTH APPEALS E	BOARD		
Sacramento Address	Los Angeles Ado		
2520 Venture Oaks Way	100 North Barran	ca Street	
Suite 300	Suite 410	04704	
Sacramento, CA 95833	West Covina, CA	91791	
In the Matter of the Appeal	of:		Inspection Number
			SUBPOENA
			FOR PERSONAL APPEARANCE
		<b>Employer</b>	AT VIDEO HEARING
THE PEOPLE OF THE STATE OF			
YOU ARE ORDERED TO AF			
YOU ARE ORDERED TO AF	PPEAR AS A WITNESS Board at the date, time amed in item 2:  Zoom Meeting ID:		
YOU ARE ORDERED TO AF Safety and Health Appeals	PPEAR AS A WITNESS Board at the date, time amed in item 2:		
YOU ARE ORDERED TO AF Safety and Health Appeals agreement with the person number of the second of th	PEAR AS A WITNESS Board at the date, time amed in item 2:  Zoom Meeting ID:	or DATE FOR	of the video hearing before the Occupational own in the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS of the box below the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below UNLESS you make an expension of the box below under the box below the box be
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ACCESSIBILITY OPTIONS AND ACCOMMODATIONS: Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid, service, or a modification of policies or procedures should contact the above listed office or the Statewide Disability Accommodation Coordinator at 1-866-326-1616 (toll free). The coordinator can also be reached through the California Relay Service by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing.