| Α | | | |
|------------|--|---|--|
| | ttorney (Name, State Bar n | umber, and address) | |
| Е | elephone No.: mail Address: ttorney For (Name): | | |
| S 2 | ALIFORNIA OCCUPATION ND HEALTH APPEALS BO acramento Address 520 Venture Oaks Way uite 300 | | |
| | acramento, CA 95833 | West Covina, CA 91791 | |
| lı | n the Matter of the Appeal o | f: | Inspection Number |
| | | | |
| | | | SUBPOENA |
| | | Employer | DUCES TECUM |
| | E PEOPLE OF THE STATE OF ([name, address, and teleph | · · | |
| | [name, address, and teleph YOU ARE ORDERED TO APP Health Appeals Board at the | none number of witness] | the hearing before the Occupational Safety and ox below UNLESS your appearance is excused person named in item 3 below. |
| | [name, address, and teleph YOU ARE ORDERED TO APPI Health Appeals Board at the as indicated in box 2b below | one number of witness] EAR AS A WITNESS in this matter at date, time, and place shown in the b | ox below UNLESS your appearance is excused |
| | [name, address, and teleph YOU ARE ORDERED TO APPI Health Appeals Board at the as indicated in box 2b below | eone number of witness] EAR AS A WITNESS in this matter at date, time, and place shown in the bor you make an agreement with the | ox below UNLESS your appearance is excused |
| | [name, address, and teleph YOU ARE ORDERED TO APPI Health Appeals Board at the as indicated in box 2b below | EAR AS A WITNESS in this matter at date, time, and place shown in the b or you make an agreement with the Meeting ID: | ox below UNLESS your appearance is excused |
| | YOU ARE ORDERED TO APPHealth Appeals Board at the as indicated in box 2b below Zoom AND YOU ARE: a. Ordered to appear in p declaration or affidavit. the original records a | EAR AS A WITNESS in this matter at date, time, and place shown in the bor you make an agreement with the Meeting ID: Date: Time: erson and to produce the records describe personal attendance of the custod | e person named in item 3 below. The person named in item 3 below. |
| 1. | Iname, address, and teleph YOU ARE ORDERED TO APPH Health Appeals Board at the as indicated in box 2b below Zoom AND YOU ARE: a. Ordered to appear in pheclaration or affidavit. the original records a 1560(b), 1561, and 1560b. Not required to appear attached declaration or affidavit. | EAR AS A WITNESS in this matter at date, time, and place shown in the bor you make an agreement with the Meeting ID: Date: Time: erson and to produce the records describe personal attendance of the custod re required by this subpoena. The programmer of the custod records and the produce sufficient compliant in person if you produce (i) the records and the person if you produce (ii) the records and the produce of the custod records are required by this subpoena. | e person named in item 3 below. The person named in item 3 below. |
| 1. | Iname, address, and teleph YOU ARE ORDERED TO APPH Health Appeals Board at the as indicated in box 2b below Zoom Zoom AND YOU ARE: a. Ordered to appear in pheclaration or affidavit. the original records and 1560(b), 1561, and 1560b. Not required to appear attached declaration of Evidence Code sections. IF YOU HAVE ANY QUESTION | EAR AS A WITNESS in this matter at date, time, and place shown in the bor you make an agreement with the Meeting ID: Date: Time: Person and to produce the records describe personal attendance of the custod re required by this subpoena. The pica will not be deemed sufficient compliation in person if you produce (i) the record reflidavit and (ii) a completed declars 1560, 1561, 1562, and 1271. NS ABOUT THE TIME OR DATE FOR INCE IS REQUIRED, CONTACT THE | below UNLESS your appearance is excused a person named in item 3 below. below in the declaration on page two or the attached item or other qualified witness and the production of rocedure authorized by Evidence Code sections not with this subpoena. Its described in the declaration on page two or the |

STATE OF CALIFORNIA SUBPOENA DUCES TECUM (ATTORNEY) DIR OSHAB 317 REV. 1/2025

DEPARTMENT OF INDUSTRIAL RELATIONS OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

| In | the Matter of the Appeal of: | Inspection Number | | | | | |
|----|--|-------------------|--|--|--|--|--|
| | . Witness Fees: You are entitled to witness fees and mileage actually traveled both ways, as provided by law, if you request them BEFORE your scheduled appearance from the person named in item 3. DISOBEDIENCE OF THIS SUBPOENA MAY BE PUNISHED AS CONTEMPT IN THE MANNER AND FORM PRESCRIBED BY LAW. | | | | | | |
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| | | | | | | | |
| | Date: By: | (Name and Title) | | | | | |

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.

STATE OF CALIFORNIA SUBPOENA DUCES TECUM (ATTORNEY) DIR OSHAB 317 REV. 1/2025

DEPARTMENT OF INDUSTRIAL RELATIONS OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

| In the Matter of the Appeal of: | Inspection No. | | | | |
|---|--|--|------------------------------------|--|--|
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| | | | | | |
| The production of the documents or other th | ings sought by the subpoena or | n page one is supported by <i>(c</i> | heck one): | | |
| the attached affidavit or | the following declaration: | | | | |
| I, the undersigned, declare I am the attorney for (specify): in the above-entitled matter. | employer employee | DOSH 3 rd party/i | intervenor | | |
| | | | | | |
| The witness has possession or control o time and place specified in the Subpoen | f the documents or other things a Duces Tecum on page one o | listed below, and shall produ f this form. (Specify exact items | ice them at the s to be produced.) | | |
| | | | | | |
| | | | | | |
| Continued on attachment. | | | | | |
| | | | | | |
| Good cause exists for the production of reasons: | the documents or other things of | described in paragraph 2 for t | he following | | |
| | | | | | |
| | | | | | |
| Continued on attachment. | | | | | |
| | | | | | |
| The documents or other things describe following reasons: | d in paragraph 2 are material to | o the issues involved in this ca | ase for the | | |
| | | | | | |
| | | | | | |
| Continued on attachment. | | | | | |
| | | | | | |
| | | | | | |
| I declare under penalty of perjury under the l | laws of the State of California th | ial the foregoing is true and c | OITECT. | | |
| Date: | Ву: | | | | |
| | | (Name and Title) | | | |
| | | | | | |

(Proof of service on page 4)

STATE OF CALIFORNIA SUBPOENA DUCES TECUM (ATTORNEY) DIR OSHAB 317 REV. 1/2025

DEPARTMENT OF INDUSTRIAL RELATIONS OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

| In the Matter of the Appeal of: | | | | Inspection No. | |
|---|--|------------------------|--|------------------------------------|--|
| | | | | | |
| | | PROOF OF SERVICE OF SU | BPOENA DUCE | S TECUM | |
| 1. I served t | . I served this Subpoena Duces Tecum by personally delivering a copy to the person served as follows: | | | the person served as follows: | |
| | a. Person served (name): | | | | |
| | b. | Address where served: | | | |
| | C. | Date of delivery: | | | |
| | d. Time of delivery: | | | | |
| e. Witness fees <i>(check one)</i> : were offered or demanded and paid were not demanded or paid. | | | Amount paid: _ | | |
| | f. | Fee for service: | | | |
| 2. I received | 2. I received this subpoena for service on (date): | | | | |
| 3. Person s | 3. Person serving: | | | | |
| | Not a registered California process serve | | r. | | |
| | b. California sheriff or marshal. c. Registered California process server. d. Employee or independent contractor of a registered California process server. e. Exempt from registration under Business and Professional Professional Photocopier. | | | | |
| | | | | | |
| | | | | istered California process server. | |
| | | | | Code section 22350(b). | |
| | | | | | |
| g. Exempt from registration under Business and Profession | | | and Professions | Code section 22451. | |
| | h. Name, address, telephone number, and, if applicable, co | | | nty of registration and number. | |
| | | | | | |
| I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | ia sheriff or marshal use only) the foregoing is true and correct. | | |
| Date: | | | Date: | | |
| • | | | • | | |
| • - | | (SIGNATURE) | • ——— | (SIGNATURE) | |