

OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

2520 Venture Oaks Way, Suite 300
Sacramento, CA 95833
(916) 274-5751
FAX (916) 274-5785

RECEIVED

MAY 20 2010

OSH Appeals Board

APPEAL FORM

312358609

2010-R / D4 -1620

Inspection Number on Citation

Alta Bates Summit Medical Center

Employer Name on Citation

Employer Legal Name or DBA (Optional)

2200 River Plaza Drive

Address

Sacramento, CA 95833

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): 1-7

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

[] 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> SEE ADDENDUM

4.



(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}

Fred Walter

(Type or print name)

Attorney for Employer

(Title)

1270 Healdsburg Avenue, Suite 201

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

Healdsburg

CA

95448

(City)

(State)

(Zip Code)

(707) 431-7900

fred@walterprincelaw.com

5/19/2010

(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}

IMPORTANT INFORMATION

- 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.

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OSH Appeals Board

APPEAL FORM

312358609

2010-R1 D4-1621

Inspection Number on Citation

Alta Bates Summit Medical Center

Employer Name on Citation

Employer Legal Name or DBA (Optional)

2200 River Plaza Drive

Address

Sacramento, CA 95833

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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): Item No(s):

[] 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>
SEE ADDENDUM

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OSH Appeals Board

APPEAL FORM

2010-R1 D4-1622

312358609

Inspection Number on Citation

Alta Bates Summit Medical Center

Employer Name on Citation

Employer Legal Name or DBA (Optional)

2200 River Plaza Drive

Address

Sacramento, CA 95833

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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): 3 Item No(s): 1

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

[] 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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APPEAL FORM OSH Appeals Board

312358609

2010-R / D4-1623

Inspection Number on Citation

Alta Bates Summit Medical Center

Employer Name on Citation

Employer Legal Name or DBA (Optional)

2200 River Plaza Drive

Address

Sacramento, CA 95833

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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): 4 Item No(s): 1

NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION
CITATION NO(s): _____ Item No(s): _____

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>
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