

OCCUPATIONAL SAFETY AND HEALTH APPEAL

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

RECEIVED

SEP 23 2010

OSH Appeals Board

APPEAL FORM

300873189

Inspection Number on Citation

2010-R 4 D 1 -3021

DAVE SHAW CONCRETE AND BLOCK, INC

Employer Name on Citation

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

Employer Legal Name or DBA (Optional)

2550 VIA TESORO ST

Address

PASADENA VERDES EST, CA 90274

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): 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>

The Height Limit that the building is permitted and constructed under is 35 Feet.

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DOCKET _____
(Leave blank- Appeals Board will fill in.)

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Employer Name on Citation

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Employer Legal Name or DBA (Optional)

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2550 VIA TOLON ST D
Address
PANOS VERDES EST, CA 90274

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): 2

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>

Employees were pouring piles note showing.

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Employer Name on Citation

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Employer Legal Name or DBA (Optional)

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2550 VIA TEJON STE D
Address
PANOS VERDES EST, CA 90274

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

CITATION NO(s): 1 Item No(s): 3

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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Copy was available but not observed.

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Employer Legal Name or DBA (Optional)

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1. This is an Appeal from:

CITATION NO(s): 1 Item No(s): 4

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)

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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>

We have and have always had an effective Injury & Illness Prevention Program

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Employer Name on Citation

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Employer Legal Name or DBA (Optional)

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2550 VIA TEJON ST D
Address
PALMS VERDES EST, CA 90274

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

CITATION NO(s): 1 Item No(s): 5

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)

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- 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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Employer Name on Citation

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Employer Legal Name or DBA (Optional)

2550 VIA TEJON ST D
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1. This is an Appeal from:

CITATION NO(s): 1 Item No(s): 6

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)

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- 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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Its not typical that we don't supply drinking water. Water was available on site.

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APPEAL FORM OSH Appeals Board

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Employer Name on Citation

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Employer Legal Name or DBA (Optional)

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2550 VIA TESORO ST D
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PANOS VERDES EST, CA 90274

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1. This is an Appeal from:

CITATION NO(s): 1 Item No(s): 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.

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Ladder was not there for 6 months. Temporary ladder. As used was unauthorized.

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DAVE SHAW CONCRETE AND BLOCK, INC
Employer Name on Citation

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Employer Legal Name or DBA (Optional)

2550 VIA TEJONAS ST ED
Address
PASOS VERDES EST, CA 90274

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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): 1 Item No(s): 8

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.

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The abatement requirements are unreasonable.

Required changes Time allowed to complete changes

The proposed penalty is unreasonable.

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Supervisory Personnel have been provided with Heat Illness prevention training.

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DAVE SHAW CONCRETE AND BLOCK, INC
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2550 VIA TEJON ST E D
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PASO VERDES EST, CA 90274

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

CITATION NO(s): 1 Item No(s): 9

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)

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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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We don't use Fork Lifts in our
business. Use of Forks was unauthorized.
All employees that use equipment on
ALL of our jobs have been trained to
operate it.

4.

[Redacted Signature Area]

(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.}

DAVID B. SHAW
(Type or print name)

PRESIDENT
(Title)

2550 VIA TEJON STE D
(Address) {Address where all communications from the Appeals Board will be sent.}

PALMS VERDES EST. CA 90274
(City) (State) (Zip Code)

310-373-3280 DAVESHAW.CONCRETE@ 9/17/2010
(Telephone) (E-Mail Address) VERIZON.NET (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

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- 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.

RECEIVED

SEP 23 2010

OSHA Appeals Board
A P P E A L F O R M

300873189
Inspection Number on Citation

2010-R4-D1-3022

DAVE SHAW CONCRETE AND BLOCK, INC
Employer Name on Citation

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

Employer Legal Name or DBA (Optional)

2550 VIA TEJON ST E D
Address
PANOS VERDES EST, CA 90274

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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): 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.

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Only 1 hole was uncovered at time of acc, sent. This hole was being worked on. There was an I beam in it. Area was barricaded, Employees were acting outside of their authority.

4.

[Redacted Signature Area]

(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}

DAVID B. SHAW
(Type or print name)

PRESIDENT
(Title)

2550 VIA TEJON STE D
(Address) {Address where all communications from the Appeals Board will be sent}

PAPOS VERDES EST. CA 90274
(City) (State) (Zip Code)

310-373-3280 DAVESHAW.CONCRETE@ 9/17/2010
(Telephone) (E-Mail Address) VERIZON.NET (Date)

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IMPORTANT INFORMATION

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OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

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FAX (916) 274-5785

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APPEAL FORM

OSH Appeals Board

300873189

Inspection Number on Citation

2010-R4-D1-3023

DAVE SHAW CONCRETE AND BLOCK, INC

Employer Name on Citation

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Employer Legal Name or DBA (Optional)

2550 VIA TEJON STE D

Address

PALMS VERDES EST, CA 90274

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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): _____ Item No(s): _____

SPECIAL ORDER/SPECIAL ACTION NO: _____
Item No(s): _____

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

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- 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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Employee was not using MIKASARAMEL AS piler driver
Employees were not authorized to do what they were doing.
Fork attachment use was not authorized. CATAPILLOR FORKS ARE EQUAL OR BETTER THAN WELROE FORK ATTACHMENTS, FORKS ARE GENERIC.

4.

(Signature of Employer or Employer's Representative) [Redacted Signature]
{If there is any change in representation after you file your appeal, you must notify the Appeals Board in writing}

DAVID B. SHAW
(Type or print name)

PRESIDENT
(Title)

2550 VIA TEJON STE D
(Address) {Address where all communications from the Appeals Board will be sent}

PALMS VERDES EST. CA 90274
(City) (State) (Zip Code)

310-373-3280 DAVESHAW.CONCRETE@ 9/17/2010
(Telephone) (E-Mail Address) VERIZON.NET (Date)

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SEP 23 2010

OSH Appeals Board

APPEAL FORM

300873189
Inspection Number on Citation

2010-R4-D1-3024

DAVE SHAW CONCRETE AND BLOCK, INC
Employer Name on Citation

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Employer Legal Name or DBA (Optional)

2550 VIA TEJON ST D
Address
PALMS VERDES EST, CA 90274

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

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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)

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The abatement requirements are unreasonable.

Required changes Time allowed to complete changes

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WORK WAS IN PROGRESS AT TIME OF INSPECTION.

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.}

DAVID B. SHAW
(Type or print name)

PRESIDENT
(Title)

2550 VIA TEJON STE D
(Address) {Address where all communications from the Appeals Board will be sent}

PALMS VERDES EST CA 90274
(City) (State) (Zip Code)

310-373-3280 DAVESHAW.CONCRETE@ 9/17/2010
(Telephone) (E-Mail Address) VERIZON.NET (Date)

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- 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.

OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

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

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SEP 23 2010

OSH Appeals Board

APPEAL FORM

2010-R4 D1-3025

300873189
Inspection Number on Citation

DAVE SHAW CONCRETE AND BLOCK, INC
Employer Name on Citation

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

Employer Legal Name or DBA (Optional)

2550 VIA TEJON STE D
Address
PANOS VERDES EST, CA 90274

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): 5 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>

Work was in progress and security had only been in place for a while. Finish concrete was just poured. Most of building was in compliance.

4.

[Redacted Signature Area]

(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.}

DAVID B. SHAW
(Type or print name)

PRESIDENT
(Title)

2550 VIA TEJON STE D

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

PANDS VERDES EST. CA 90274

(City)

(State)

(Zip Code)

310-373-3280

DAVESHAW.CONCRETE@

9/17/2010

(Telephone)

(E-Mail Address) VERIZON.NET

(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")
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OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

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Sacramento, CA 95833
(916) 274-5751
FAX (916) 274-5785

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SEP 23 2010

OSH Appeals Board

APPEAL FORM

300873189
Inspection Number on Citation

2010-R4-D1-3026

DAVE SHAW CONCRETE AND BLOCK, INC
Employer Name on Citation

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

Employer Legal Name or DBA (Optional)

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.

2550 VIA TEJON STE D
Address
PANOS VERDES EST, CA 90274

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): 6 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>

Employees were working outside of authorized scope of work. MARASA PAMMER WAS NOT BEING USED TO DRIVE PILES. WORK WAS NOT AUTHORIZED AND VIOLATED COMPANY POLICY.

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}

DAVID B. SHAW

(Type or print name)

PRESIDENT

(Title)

2550 VIA TEJON STE D

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

PALMS VERDES EST. CA 90274

(City)

(State)

(Zip Code)

310-373-3280 DAVESHAW.CONCRETE@ 9/17/2010

(Telephone)

(E-Mail Address) VERIZON.NET

(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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