



## OSHAB APPEAL FORM

**Note:** You have *a total of 15 working days* from receipt of a citation to file an appeal. Attach a complete copy of your citation package along with this appeal form. Failure to file a completed form may result in dismissal of the appeal. Late appeals will not be accepted unless good cause is shown. *Please print legibly or type all information.*

A. CITATION INFORMATION		
<i>Please complete the following information as indicated on your citation.</i>		
1. Case (Inspection) #:	Issuance date:    /    /	Reporting ID#:
2. Employer:	Date Citation Received:    /    /	
3. Employer legal name or DBA (Optional):		
4. Employer contact:		
5. Address:		
City:	State:	ZIP code:
6. Primary phone: (    )	Secondary phone: (    )	
7. Email address:		
8. Preferred method of service: <input type="checkbox"/> U.S. Postal Service <b>OR</b> <input type="checkbox"/> Email <b>(Choose one only)</b>		
B. REPRESENTATIVE INFORMATION (if any)		
1. Firm name:		
2. Representative name:		
3. Address:		
City:	State:	ZIP code:
4. Primary phone: (    )	Secondary phone: (    )	
5. Email address:		
6. Preferred method of service: <input type="checkbox"/> U.S. Postal Service <b>OR</b> <input type="checkbox"/> Email <b>(Choose one only)</b>		
C. CONTACT INFORMATION and SIGNATURE		
I am the: Representative___ Employer___ Other___		
<i>I understand that it is my responsibility under Appeals Board regulations to notify the Appeals Board in writing if there are any changes to either employer or representative address, telephone number, and/or email address.</i>		
_____ Signature of employer or employer's representative		_____ Date
_____ Print name and title		_____ Phone No.

Employer:

Case (Inspection) #:

*Please note that you must complete page 2 of this OSHAB Appeal Form for each citation/item. Appellant must complete a separate page 2 for each citation/item being appealed.*

**D. APPEAL INFORMATION**

**1. This is an Appeal of:**

- CITATION AND NOTIFICATION OF PENALTY  
CITATION No.: \_\_\_\_\_ ITEM No.: \_\_\_\_\_
- NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION
- SPECIAL ORDER / ORDER TO TAKE SPECIAL ACTION

**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. An affirmative defense is a justification or excuse that if proved by appellant relieves the cited employer of all or some of the responsibility for the alleged violation. An affirmative defense must be raised by the appellant in a timely manner. Affirmative defenses for this appeal are: (Check all that apply)**

- Independent employee action caused the violation.
- A different safety order applied to the work activity that is the subject of the citation, and the appellant was in compliance with that other safety order. (The different safety order should be identified.) \_\_\_\_\_
- An exception exists in the California Code of Regulations, Title 8 which allows for the action that is the subject of the citation. (The specific safety order containing the exception should be identified.) \_\_\_\_\_
- The inspection that gave rise to the citation was invalid because the Division employee who inspected the appellant's worksite failed to comply with laws governing administrative searches.
- Another affirmative defense: other affirmative defenses may exist and can be asserted by the employer. If the appellant contends one or more affirmative defenses exist, the appellant may, but is not required to, provide a short, plain statement in writing setting forth the facts or circumstances which, if true, would prove the affirmative defense.

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## OSHAB APPEAL FORM INSTRUCTIONS AND INFORMATION

### How do I file an appeal?

Use this form to appeal Citations and Items, Notification of Failure to Abate Alleged Violations, or Special Orders/Special Actions. Please fill out this form as completely as possible and provide all of the information requested. *You must complete page 2 of this form separately for each citation and item or notification that you wish to appeal.* Failure to provide the information requested could result in the dismissal of your appeal.

### How long do I have to complete this form and file it?

An employer has 15 working days from receipt of one of the aforementioned documents for filing an appeal. *An informal conference with the Division of Occupational Safety and Health about the citations issued to you will not extend the 15 working days to file an appeal.* Appeals filed more than 15 working days following the employer's receipt of citations are late and will not be accepted unless good cause for filing a late appeal is demonstrated. Only the Appeals Board may grant late appeals.

### What other documents must be submitted with my OSHAB appeal form?

Your appeal form shall be deemed incomplete unless you attach a copy of the entire citation package consisting of the following documents: (1) Citation and Notification of Penalty; (2) all of the citations and items or notifications whether you are appealing them or not; and, (3) the Notice of Proposed Penalties. Please retain the originals of these documents for future reference.

### Where do I file an appeal?

Mail each completed appeal form and citation package as identified above to the Occupational Safety and Health Appeals Board, 2520 Venture Oaks Way, Suite 300, Sacramento, CA 95833. Please also note that you may now file your appeal online by navigating to [www.dir.ca.gov/OSHAB](http://www.dir.ca.gov/OSHAB) and following the instructions provided.

### What happens next?

When the Appeals Board receives a signed, completed appeal form, it is reviewed for timeliness and assigned a case number which corresponds to your inspection number. All correspondence from the Appeals Board will be sent to the employer and any person designated as the employer's representative on the appeal form. The correspondence will be sent either by postal mail or email, but not both, depending on what selection is made on the appeal form. If there is a change in the appointed representative or if the representative has a change in contact information (i.e. address, phone number, email address, etc.) after the appeal is filed, a written notification must be sent to the Appeals Board. Such changes can be made online at [www.dir.ca.gov/OSHAB](http://www.dir.ca.gov/OSHAB).

If you have questions or concerns about how to complete this form, please see more detailed instructions online at [www.dir.ca.gov/OSHAB](http://www.dir.ca.gov/OSHAB), or call the Appeals Board at 916-274-5751 or toll-free at 1-877-252-1987 for assistance.