



MN DEPARTMENT OF LABOR AND INDUSTRY
 OCCUPATIONAL SAFETY AND HEALTH DIVISION
 443 Lafayette Road North
 St. Paul, Minnesota 55155
 1-800-DIAL-DLI (1-800-342-5354)
 (651) 284-5050
 FAX: (651) 284-5741
 www.dli.mn.gov

EMPLOYEE NOTICE OF CONTEST

Issuance Date	Inspection Number
OSHI ID	Optional Report Number
Employer's Name and Address	

Notice of Contest: I hereby contest the following Citation(s) and Item(s) on the above referenced Citation and Notification of Penalty for the following reason(s): (Attach additional pages as necessary, and are considered part of this form)

Citation No.	Item No.	(check all that apply)				Explanation
		Citation	Type of Violation	Abatement Date	Penalty	
		Citation	Type of Violation	Abatement Date	Penalty	
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Certification of Service to Affected Employees: I hereby certify that on this date, _____, copy of this Notice was

Served upon my employer for posting with the contested Citation and Notification of Penalty; and
 Served upon authorized employee representatives of all affected employees.

Oath: I swear that the information supplied on this form and submitted with this form is accurate and truthful to the best of my knowledge.

_____ Name of Employee	_____ Phone	Subscribed and sworn to before me this _____ day of _____
_____ Signature	_____ Date	Notary Public _____ My Commission expires _____

Employer Requirement of Posting: A copy of this Notice and any additional pages, documents or letters must remain posted until the date of hearing or earlier final disposition.

Certification of Posting by Employer: I hereby certify that on this _____, this Employee Notice of Contest was posted where the citation and notification of penalty was required to be posted.

_____ Name of Employer	_____ Phone	Subscribed and sworn to before me this _____ day of _____
_____ Signature	_____ Date	Notary Public _____ My Commission expires _____

Party Status: In addition to rights set out in the Citation and Notification of Penalty and on any other notices or correspondence received from the Department, an employer, affected employee or authorized employee representative may elect to participate at a party at any time up to fourteen days prior to the formal hearing on this matter. To do so, you must submit a written notice to the commissioner at the address shown above, referencing the contested Citation and Notification of Penalty and listing your name, address, and authorized employee representatives, if any. If employees are requesting party status the notice must contain a statement that they are affected employees of the cited employer. Service on other employees may be accomplished by posting the notice.