

**APPENDIX 1
STATEMENT OF EMPLOYER'S/RESPONDENT'S POSITION**

NOTICE TO:

OSHANC NO.

This form or your own statement of position must be used for responding to any alleged violations, proposed penalties and abatement dates on the attached citation.

IF YOU DO NOT RESPOND IN WRITING WITH EITHER THIS FORM OR YOUR OWN STATEMENT OF POSITION BY MAILING OR DELIVERING IT TO THE REVIEW COMMISSION, POST- MARKED, WITHIN 20 DAYS FROM THE DAY YOU RECEIVED THIS FORM, YOUR RIGHT TO CONTEST THE DEPARTMENT OF LABOR'S ALLEGATIONS IS LOST!

If you use this form, use a separate 5 column section (below) for your response to each item. In columns 1 and 2, identify your response by the Citation number and Item number, then check appropriate boxes within Columns 3 and 4 and 5. If you do not understand the Citation or if you desire a formal complaint you may check only the "Formal Pleadings" block below and return this form. If you request formal pleadings, you must file a formal answer. Send a copy of this completed form and any attachments, or your own statement of position to both of these offices:

NC Occupational Safety & Health
Review Commission
1101 Mail Service Center
Raleigh NC 27699-1101

North Carolina Department of Justice
Labor Section
P O Box 629
Raleigh NC 27602-0629

Column #1	Column #2	Column #3	Column #4	Column #5
Citation	Item	Alleged Violation	Proposed Penalty	Abatement Date
No. ____	No. ____	Admit violation, as charged: Yes ___ -or- Admit violation, but deny designation as "serious," or "willful," or "repeated;" and request a hearing: Yes ___ -or- Deny violation, and request a hearing: Yes ___	Accept penalty: Yes ___ -or- Object to the penalty and request a hearing: Yes ___	Accept the date by which the violation must be corrected: Yes ___ -or- No ___
Column #1	Column #2	Column #3	Column #4	Column #5
Citation	Item	Alleged Violation	Proposed Penalty	Abatement Date
No. ____	No. ____	Admit violation, as charged: Yes ___ -or- Admit violation, but deny designation as "serious," or "willful," or "repeated;" and request a hearing: Yes ___ -or- Deny violation, and request a hearing: Yes ___	Accept penalty: Yes ___ -or- Object to the penalty and request a hearing: Yes ___	Accept the date by which the violation must be corrected: Yes ___ -or- No ___

*Additional comments may be made on the back of this form.

FORMAL PLEADINGS: For a formal statement of pleadings by the Department of Labor, check this box . If you request or receive a formal statement of pleadings, you must file a formal answer within 20 days of receipt of the complaint.

PLEASE NOTE: (1) At a hearing, you will be limited to the specifics of this form or the specifics of your own statement of position.

(2) IF YOU DO NOT RESPOND IN WRITING WITH EITHER THIS FORM OR YOUR OWN STATEMENT OF POSITION BY MAILING OR DELIVERING IT TO THE REVIEW COMMISSION, POSTMARKED, WITHIN 20 DAYS FROM THE DAY YOU RECEIVED THIS FORM, YOUR RIGHT TO CONTEST THE DEPARTMENT OF LABOR'S ALLEGATIONS IS LOST!

(3) A corporation must submit with this form a list of all its parents, subsidiaries, and affiliates, or state that none exist.

Respondent/Employer: _____

Address: _____

Completed by: _____ Title: _____

Signature: _____ Date: _____