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 BOARD, POSTMARKED, 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:

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| North Carolina Occupational Safety and Health Review Commission1101 Mail Service CenterRaleigh NC 27699-1101 | N.C. Department of Justice - Labor Section-OSH Unit9001 Mail Service CenterRaleigh NC 27699-9001 |

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| --- | --- | --- | --- | --- |
| 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 \_\_ |

YOUR DEFENSE: If you want a hearing, please state on the back of this form your reasons for disagreeing with the Citation. Identify comments by Citation and Item number.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 BOARD, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Revision Date: 02/03/92

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North Carolina

Occupational Safety and Health Review Commission

1101 Mail Service Center

Raleigh, NC 27699-1101

(919) 733-3589