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| **Minnesota**  **Department of Labor and Industry** | Inspection Number | OSHI ID | Optional Report Number |
| Occupational Safety and Health Division  443 Lafayette Road North  St. Paul, MN 55155-4307  Phone: 1-800-DIAL-DLI (1-800-342-5354)  (651) 284-5050  FAX: (651) 284-5741  www.dli.mn.gov | Employer’s Name and Address | | |

**EMPLOYEE NOTICE OF CONTEST**

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 they will be 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 |  |
|  |  | Citation | Type of Violation | Abatement Date | Penalty |  |
|  |  | Citation | Type of Violation | Abatement Date | Penalty |  |
|  |  | Citation | Type of Violation | Abatement Date | Penalty |  |

**HOW TO FILE THIS FORM**

This Notice of Contest form must be filed with the Commissioner of the Department of Labor and Industry at the above address within **20 calendar days** after the date the employer received the Citation and Notification of Penalty. To be considered filed, all parts of the Notice of Contest form must be completed and the completed form must be mailed and postmarked, **within 20 calendar days** after the date the employer received the Citation and Notification of Penalty. You may also file electronically (at contestation.dli@state.mn.us), by facsimile (FAX), or by hand-delivering the completed form to the Department, if received no later than 4:30 p.m. on the 20th calendar day.

Certification of Service to Affected Employees: I hereby certify that on      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (date) a 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.

State of \_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Subscribed and sworn to before me | | | | | |
| Name of Employee Phone | |  | this |  | | day of | |  |
|  | |  | Notary Public | |  | | | |
| Signature Date | |  | 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. You must complete the certification of posting below and mail this notice to the Department at the address above.

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

State of \_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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