

**Minnesota
Department of Labor and Industry**

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

Inspection Number	OSHI ID	Optional Report Number
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	
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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 _____, 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

this _____ day of _____

Notary Public _____

My Commission expires _____

Name of Employee Phone

Signature Date

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.

Certification of Posting by Employer: I hereby certify that on _____, 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

this _____ day of _____

Notary Public _____

My Commission expires _____

Name of Employer Phone

Signature Date