

**Minnesota  
Department of Labor and Industry**

Occupational Safety and Health Division  
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St. Paul, MN 55155-4307

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|                                      |                      |
|--------------------------------------|----------------------|
| Re-inspection Number                 | Inspection Number    |
| OSHI ID                              | Optional Report No.: |
| Employer's Name and Mailing Address: |                      |

**NOTICE OF CONTEST AND SERVICE TO AFFECTED EMPLOYEES**

**PURPOSE OF THIS FORM**

If you have received a Notification of Failure to Abate from the Minnesota Occupational Safety and Health Division (MNOSHA) and you wish to contest the Notification or additional penalty, you must complete this form. **For your contest to be valid, you must file this form within 20 calendar days of the date the employer received the Notification.**

By filing this Notice of Contest form, you are initiating a formal contested case proceeding before an administrative law judge of the parts of the Notification of Failure to Abate you are contesting. This form must be filed in good faith and not solely for delay or avoidance of penalties.

**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 Notification of Failure to Abate.
- 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 Notification of Failure to Abate. You may also file electronically (at [contestation.dli@state.mn.us](mailto: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 20<sup>th</sup> calendar day**.
- If you fail to file the fully completed Notice of Contest form on time, the Notification of Failure to Abate becomes a final order of the Commissioner that is not subject to review by any court or agency.

**APPEAL PROCESS**

Upon receipt of a timely filed Notice of Contest form, MNOSHA will contact you and schedule a date, time and location for an informal conference. The purpose of the informal conference is to allow you to discuss with a MNOSHA representative the Notification of Failure to Abate and the basis for your contest. The goal of the informal conference is to reach an early resolution of the contest. If you and MNOSHA are unable to reach a resolution at the informal conference then the contest will proceed to a formal contested case hearing.

**COMPLETING THIS FORM**

**1. HOW TO IDENTIFY THE INSPECTION BEING CONTESTED.**

Complete the box at the top of page 1 of this form using the Re-inspection Number, the Original Inspection Number, OSHI ID, Optional Report Number and Employer's Mailing Address from the Notification of Failure to Abate being contested.

**2. HOW TO CONTEST THE NOTIFICATION OF FAILURE TO ABATE.**

Indicate in the boxes on the next page which parts of the Notification of Failure to Abate you wish to contest. Identify the citations you are contesting by indicating the citation and item numbers. Then indicate which part(s) of each item are being contested. Finally, state the reasons for contesting in the space provided below the boxes.

- Check the box NOTIFICATION OF FAILURE TO ABATE if you wish to contest that you failed to abate the original citation.
- Check the box ADDITIONAL PENALTY if you wish to contest the amount of the additional penalty for failure to abate.

**FAILURE TO CHECK ANY PART WILL RESULT IN THAT PART OF THE CITATION BECOMING A FINAL ORDER OF THE COMMISSIONER THAT IS NOT REVIEWABLE BY ANY COURT OR AGENCY.**

| CITATION NUMBER | ITEM NUMBER | (check all that apply)                                    |   |
|-----------------|-------------|---|---|
|                 |             | <input type="checkbox"/> Notification of Failure to Abate | <input type="checkbox"/> Additional Penalty |
|                 |             | <input type="checkbox"/> Notification of Failure to Abate | <input type="checkbox"/> Additional Penalty |
|                 |             | <input type="checkbox"/> Notification of Failure to Abate | <input type="checkbox"/> Additional Penalty |
|                 |             | <input type="checkbox"/> Notification of Failure to Abate | <input type="checkbox"/> Additional Penalty |
|                 |             | <input type="checkbox"/> Notification of Failure to Abate | <input type="checkbox"/> Additional Penalty |
|                 |             | <input type="checkbox"/> Notification of Failure to Abate | <input type="checkbox"/> Additional Penalty |

REASONS FOR CONTEST: (Additional sheets may be attached as necessary, and they will be considered part of this form.)

3. **DATES OF POSTING AND SERVING.** You must certify in Box A **or** B below the dates you posted and served this form.

A. **Union:** Complete part A if you have affected Employees Represented by Authorized Employee Representatives (union)

I hereby certify that I posted fully completed copies of this form on \_\_\_\_\_ at the locations where the Notification of Failure to Abate and a copy of the original Citation and Notification of Penalty is required to be posted; and I served fully completed copies of this form and any additional documents on \_\_\_\_\_ upon the authorized employee representatives of affected employees.

B. **Non-Union:** Complete part B if you who have affected Employees **Not** Represented by Authorized Employee Representatives

I hereby certify that I posted fully completed copies of this form on \_\_\_\_\_ at the locations where the Notification of Failure to Abate and a copy of the original Citation and Notification of Penalty is required to be posted and that I do not have any affected employees who are represented by authorized employee representatives.

4. **OATH.** The employer completing this form must **sign** and have **notarized** the following statement.

I SWEAR THAT THE INFORMATION PROVIDED ON THIS FORM AND ATTACHED TO 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 Employer Representative, Title Phone

\_\_\_\_\_  
 Signature Date