

Use this form if you intend to hand-deliver, mail, or fax your appeal. Don't send this form as an attachment to an email.

## WISHA NOTICE OF APPEAL

If you disagree with a decision of the Department of Labor & Industries concerning a WISHA Corrective Notice of Redetermination (CNR), this form can be used to file an appeal of that decision. You must file the appeal with the Board of Industrial Insurance Appeals **WITHIN 15 WORKING DAYS** of the date you receive the Department's decision.

**Board of Industrial Insurance Appeals**  
2430 Chandler Court SW  
PO Box 42401  
Olympia, WA 98504-2401  
FAX: 360-586-5611

Failure to complete all sections may affect your legal rights.

1. Today's date: \_\_\_\_\_

2. Corrective Notice of Redetermination No.: \_\_\_\_\_

3. I wish to appeal the CNR of the Department of L&I dated: \_\_\_\_\_

#### 4. Contact Information

Employer: _____		
Business Mailing Address: _____		
City: _____	State: _____	Zip: _____
UBI # _____	Business Phone: _____	Alternate Phone: _____

5. I disagree with the Department's determination because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. I believe the Board should give the employer the following relief: (vacate or modify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 7. Location

I desire to have any proceedings held in: \_\_\_\_\_ (County)

#### 8. Stay of Abatement

I request that the Board stay abatement for any alleged serious, willful, repeated serious violation, or failure to abate a serious violation pursuant to RCW 49.17.140(4)(a):  Yes  No

*Legal Standard for Stay of Abatement: The Board shall grant a stay of an abatement for a serious, willful, repeated serious violation, or failure to abate a serious violation where there is good cause for a stay unless based on the preliminary evidence it is more likely than not that a stay would result in death or serious physical harm to a worker. The request for stay of abatement must be contained in the Notice of Appeal. RCW 49.17.140(4).*

**9. Union Information**

Do your employees belong to a union?  Yes  No

If yes, provide union contact information.

Union: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Attach additional pages with complete information if there are multiple affected unions)

**10. Interested employees of this appeal have been notified by:**

Posting copy of Notice of Appeal at the work site. Date: \_\_\_\_\_

Providing copy of Notice of Appeal to employee member of the safety committee. Date: \_\_\_\_\_

**Failure to complete the information on employee notification and unions will result in a denial of any request to stay abatement and may require the Board to set aside the final decision it will enter in your appeal.**

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**CERTIFICATION**

I certify under penalty of perjury under the laws of the State of Washington, that the above information is true and correct to the best of my knowledge.

Date: \_\_\_\_\_ at (City) \_\_\_\_\_ (State) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Legal Requirement**

### **Use the Notice of Appeal and our poster to notify employees that you filed an appeal.**

As an employer, you must give notice of the appeal and any request for stay of abatement to your affected employees. You must also tell them how they can participate in your appeal. See WAC 263-12-059.

#### **How to Notify Affected Employees:**

**Option 1 – Post a copy:** Post a copy of the Notice of Appeal and the poster, below, in a conspicuous place at the worksite.

Or

**Option 2 – Provide Copies to Your Safety Committee:** Provide copies of the Notice of Appeal and the poster, below, to each employee on your safety committee.

The notice poster is on the following page.

**Important:  
Notice To Employees**

**WISHA APPEAL PENDING**

This employer has filed an appeal with the Board of Industrial Insurance Appeals (BIIA) contesting alleged violations of the Washington Industrial Safety and Health Act (WISHA). A copy of the notice of appeal is attached. You have the right to receive notice of and participate in any proceedings concerning this appeal.

If any employee or group of employees wishes to participate in BIIA proceedings please contact the BIIA at:

Board of Industrial Insurance Appeals

PO Box 42401

Olympia WA 98504-2401

(360) 753-6823