

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 Corrective Notice of Redetermination (CNR), you can use this form 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 L&I'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. Date of Corrective Notice of Redetermination: \_\_\_\_\_

#### 4. Contact Information

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

5. I disagree with L&I's decision 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: (Specify County) \_\_\_\_\_

#### 8. Do you request a stay of abatement?

If you are appealing a serious, willful, or failure-to-abate violation that you haven't already abated (corrected), you may request a stay of abatement pending your appeal.

Does the L&I order allege a serious, willful, or failure-to-abate violation that you **haven't already abated (corrected)**?  Yes  No

If yes, do you request a stay of abatement?  Yes  No

**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. You must provide the following to your employees affected by this appeal:**

- A copy of the appeal.
- A copy of the L&I decision appealed.
- Notice to employees that they can participate in the appeal by contacting the BIIA at the address and phone number provided on the notice.

I posted these materials in a conspicuous place at the worksite where the alleged violation occurred.

Date posted: \_\_\_\_\_

**OR**

I gave these materials to each employee member of the safety committee.

Date provided: \_\_\_\_\_

**Failure to complete sections 9 and 10 will result in a denial of any request to stay abatement and may adversely affect the final decision 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: \_\_\_\_\_

# 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). Copies of the appeal and L&I's decision being appealed are 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