United States of America

**OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION**

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| --- | --- |
| SECRETARY OF LABOR, |  |
| Complainant, |  |
| v. | OSHRC DOCKET NO. |
| XYZ CORP., |  |
| Respondent. |  |

**ANSWER**

**I, II, III**

Respondent admits Paragraphs I, II and III.

**IV**

Respondent denies Paragraph IV.

**V**

Respondent has insufficient information to either admit or deny the allegations at Paragraph V, and therefore denies the same.

**VI**

Respondent denies Paragraph VI.

**VII**

Respondent has insufficient information to either admit or deny the allegations at Paragraph VII, and therefore denies the same.

**VIII**

Respondent denies the allegations at Paragraph VIII. The penalties are excessive under § 17(j) of the Act based upon the small size of the employer, which has only twelve employees, and the low gravity of the alleged violations.

**IX**

Respondent pleads the affirmative defense of “greater hazard” as to Citation 1, Item 3a. Abatement of the violation alleged in Citation 1, Item 2 will increase the safety risk to employees. Respondent also pleads the affirmative defense of “unpreventable employee misconduct” as to Citation 2, Item 2. The alleged conditions were the result of unauthorized actions by certain employees which resulted in the conditions referred to in the alleged violations.

RESPONDENT  
By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Attorney  
XYZ Corp.  
123 Street  
City, State Zip Code

**CERTIFICATE OF SERVICE**

**[Represented parties – mandatory electronic filing].**

This is to certify that service of the Joint Notification of Settlement filed in the Commission’s E-File System was also simultaneous served by email attachment to the parties listed below on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**[Self-Represented party – non-electronic filing].**

This is to certify that a copy of the Joint Notification of Settlement was served by first class, postage prepaid, U.S. Mail to the parties listed below on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*\_\_\_/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name Title

Company / Firm Name / Office of the Solicitor

Street Address

City, State, Zip Code

Email Address