

United States of America  
**OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION**

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| SECRETARY OF LABOR,<br><br>Complainant,<br><br>v.<br><br>XYZ CORP.,<br><br>Respondent. |
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OSHRC DOCKET NO.

**COMPLAINT**

This action is brought to affirm the Citations and Notifications of penalty issued under the Occupational Safety and Health Act of 1970, 29 U.S.C. § 651, et seq., (the Act), of violations of § 5(a) of the Act and the Safety and Health Regulations promulgated thereunder.

**I**

Jurisdiction of this action is conferred upon the Commission by § 10(a) of the Act.

**II**

Respondent, XYZ Corp., is an employer engaged in a business affecting commerce within the meaning of § 3(5) of the Act.

**III**

The principal place of business of respondent is at 123 Street, City, State, Zip Code, where it was engaged in retail sales as of the date of the alleged violations.

**IV**

The violations occurred on or about January 8, 2019, at 123 Street, City, State, Zip Code (hereinafter “workplace”).

**V**

As a result of an inspection at the workplace by an authorized representative of the complainant, respondent was issued three Citations and Notifications of Penalty pursuant to § 9(a) of the Act.

**VI**

The Citations and Notifications of Penalty, copies of which are attached hereto and made a part hereof as Exhibits “A”, “B”, and “C” (consisting of one page each) identify and describe the specific violations alleged, the corresponding abatement dates fixed, and the penalties proposed.

## **VII**

On or about February 28, 2019, by a document dated February 25, 2019, the complainant received notification, pursuant to § 10(a) of the Act, of respondent’s intention to contest the Citations and Notifications of Penalty.

## **VIII**

The penalties proposed, as set forth in Exhibits “A”, “B”, and “C” are appropriate within the meaning of § 17(j) of the Act. The abatement dates fixed were and are reasonable.

WHEREFORE, cause having been show, complainant prays for an Order affirming the Citations and Notifications of Penalty.

[Attorney’s name]  
Office of the Solicitor  
U.S. Department of Labor, Federal Building  
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