

<b>Minnesota Department of Labor and Industry</b> Occupational Safety and Health Division 443 Lafayette Road N. St. Paul, MN 55155 Phone: 651-284-5050 or 800-342-5354 Fax: 651-284-5741 Email: <a href="mailto:citation.progress@state.mn.us">citation.progress@state.mn.us</a>	Inspection no.	OSHI I.D. no.	Optional report no.
	Employer's name and mailing address		

## Petition for modification of abatement date

### Purpose of this form

If additional time to abate one or more items is needed after receiving a Citation and Notification of Penalty from the Minnesota Occupational Safety and Health Administration (MNOSHA), complete this form. **Do not** file this form if you filed a Notice of Contest form and checked "Abatement Date."

### How to request more time for abatement

This form must be filed in good faith and not solely for delay. The form must be filed at the above address no later than the next working day after the original (or previously modified) abatement date. **To be considered, all parts of the form must be completed and the form must be postmarked, emailed, faxed or hand-delivered on or before the due date. Forms filed by fax, email or hand delivery must be received no later than 4:30 p.m. on the due date.**

If this form is received late, the abatement date on the citation becomes a final order and requests for changes will not be reviewed.

**Complete the chart and other information below.** In the first column, list only the citations that need more time. For example: "Citation 1, Item 2" or "1-2." Add additional pages if needed.

Citation and item no.	Abatement date on citation	Anticipated completion date	Reason for additional abatement period	Interim steps taken to safeguard employees, including dates

**Posting:** The employer certifies completed copies of this form were posted on \_\_\_\_\_ (date) at the locations where the Citation and Notification of Penalty is posted. The form must remain posted for **10 days**. **(This is required for all employers.)**

**Union (if applicable):** The employer certifies completed copies of this form were provided on \_\_\_\_\_ (date) to the authorized employee representatives of affected employees by postage prepaid first class mail or personal delivery.

\_\_\_\_\_  
Name of employer representative, title Phone

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