

Iowa OSHA
 1000 East Grand Avenue
 Des Moines IA 50319-0209
 Phone: 515-242-5870
 osha@iwd.iowa.gov
 www.iowaosha.gov

For Office Use Only

Date PMA Received: _____
 Deadline to supplement
 (10 working days): _____
 Date posted: _____
 Date to grant PMA
 (15 work days from posting): _____

Petition for Modification of Abatement Date

Instructions: Complete the first page of this form and file it with Iowa OSHA no later than the next working day* after the abatement deadline set in the citation. You may attach copies of documents to support your petition.

You must complete the second page, labeled "Safety and Health Notice." Post it and a copy of the petition near the location of the hazard or in a conspicuous place where all affected employees can view it for at least 10 working days*. If your employees are represented by a union, you must provide notice directly to the union representative. File a copy of the completed Notice of Employee Rights form with your petition.

Employer's name	Contact name
Employer's address	Contact email address
City State Zip Code	Contact phone number

Inspection number	Citation item or items to which this applies:
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Describe (in detail) the steps already taken to abate: _____

Explain (in detail) why more time is needed: _____

State the specific amount of extra time needed: _____

Describe the method or methods used to protect employees: _____

I certify that the information provided on this Petition for Modification of Abatement Date is true and accurate; that I completed the Safety and Health Notice form; and, that I will provide notice to employees as set forth in the instructions above.

Signature _____ Date _____

*Working days are Monday through Friday excluding state and federal holidays.

Equal Opportunity Employer/Program
 Auxiliary aids and services are available upon request to individuals with disabilities.
 For deaf and hard of hearing, use Relay 711.



Division of Labor
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Notice of Employee Rights

(Name of Employer)

was cited for violation of the Iowa Occupational Safety and Health Act and has requested additional time to correct one or more of the violations.

Affected employees are entitled to participate as parties under the rules of the Iowa Employment Appeal Board. Affected employees or their representatives must file a written objection to the employer's petition with the commissioner of labor to participate. Failure to file the objection within ten working days of the first posting of the accompanying petition and this notice shall constitute a waiver of any further right to object to the petition or to participate in any related proceedings.

All papers relevant to this matter may be inspected at: _____
(place reasonably convenient to employees, preferably at or near workplace).

Objections may be sent to:

Iowa OSHA
1000 E. Grand Avenue
Des Moines, Iowa 50319
Fax: 515-281-7995
Email: osha@iwd.iowa.gov

Date Posted: _____