

Iowa Department of Inspections, Appeals, & Licensing**OSHA Enforcement**

6200 Park Avenue, Suite 100

Des Moines, IA 50321-1270

Phone: 515 -350-7842

Fax: 515-281-7995

www.iowaosha.govOSHA@dia.iowa.gov**FOR OFFICE USE ONLY**

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 "Employee Rights Notice." Post it and a copy of this 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.

Inspection Number: _____ **Citation Number(s) and Item Number(s):** _____

Employer's Name		Contact Name		
Address		Email Address		
City	State	Zip	Phone Number	
Describe in detail the steps already taken to abate				
Explain why more time is needed				
Proposed abatement extension date				
Describe what methods will be used to protect employees until abatement is complete				

I certify that the information provided on this Petition for Modification of Abatement Date is true and accurate; I have completed the "Employee Rights Notice" form and I will prove notice to employees as set forth in the instructions above.

Printed name of individual filling out form

Signature

Date

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

700-001
04.012024

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Employee Rights Notice

Date posted: _____

Your employer, _____, was cited for violation(s)
(name of employer)
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 10 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: _____
(convenient location near workplace)

Objections may be sent to:
Iowa OSHA
6200 Park Ave, Suite 100
Des Moines, IA 50321-1270
Phone: 515-350-7842
Fax: 515-281-7995
osha.pma@iwd.iowa.gov
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