

SCHEDULE
FORMS

Form 1
(Section 7)

APPEAL FROM A STOP WORK ORDER

Name of Appellant _____

Address and Phone Number of Appellant _____

If Appellant is a Corporation, Union, etc., Name Contact Person and Address if Different from Above

Status of Appellant and How Affected (i.e., Employer, etc.) _____

Date of Stop Work Order Being Appealed and Name of Issuing Safety and Health Officer (Copy of Order Must be Attached) _____

Concise Statement of Substance of Appeal (Attach if Lengthy) _____

Details of Relief Sought (i.e. Suspension Set Aside, Vary or Amend. Explain Please) _____

Other Persons or Parties Who Are Affected and Status (Names, Addresses, etc.) (Attach List if Insufficient Room) _____

Signature of Appellant