

150 - 4600 Jacombs Road, Richmond, British Columbia, V6V 3B1
 Telephone: (604) 664-7800 Toll free: 1-800-663-2782
 Fax: (604) 664-7898 Website: www.wcat.bc.ca

WCAT requires an employer who is a party to an appeal of an administrative penalty to post the Review Division decision and this notice at the workplace to bring the appeal to the attention of its employees. The notice must be posted in one or more conspicuous places. If possible, at least one place of posting must be at or near the equipment or work area to which the penalty relates. The employer must provide a copy of this posted notice to WCAT.

1. EMPLOYER INFORMATION

Name of Employer		Contact Person Name and Job Title		
Mailing Address		City/Town	Province	Postal Code
Telephone (Daytime)	Telephone (Other)	Fax Number		

NOTICE TO EMPLOYEES

An appeal has been filed of the attached Review Division decision concerning an Occupational Health & Safety (OHS) administrative penalty under the OHS provisions of the *Workers Compensation Act*.
If you wish to participate in the appeal, contact Workers' Compensation Appeal Tribunal at the address at the top of this form.

Date of Review Division Decision(s)	Review Division Reference #(s)

NOTE: This Review Division decision is also available on the WorkSafeBC website at www.worksafebc.com

THIS NOTICE HAS BEEN POSTED AT THE FOLLOWING LOCATIONS:

2. CERTIFICATION

I confirm the employer posted this *Notice to Employees* in a conspicuous place at the locations affected by the decision.

Signature X	Date Signed: (YYYY-MM-DD)
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Personal information on this form is collected for the processing and adjudication of a WCAT matter under the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number listed at the top of this form.