

MINNESOTA DELEGATION/RESCISSION OF AUTHORITY

This document is a public record and is available for public inspection.
Please read the instructions on the back of this form before completing it.

1. DEPARTMENT (AGENCY, BUREAU, ETC.)

Labor and Industry

2. NAME OF DESIGNEE (INCLUDE TITLE)

Cheryl Urie, Senior Safety Investigator
OSHA Compliance

3. PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

Robin N. Kelleher, Acting Commissioner

4. Choose one of the following actions:

☒ I hereby **DELEGATE** the powers and/or duties listed in No. 6 to the above-named designee, effective:

03 03 03
Month Day Year

☒ I hereby **RESCIND** all prior delegations of authority on file for the above-named person effective:

____ Month Day Year

5. **AUTHORITY CITED:** ☒ Pursuant to M.S. 15.06, subd. 6 Pursuant to: M.S. 16C.03, subd. 16
(Please check all that apply) Pursuant to M.S. (By the Commissioner of Administration)

6. If you are delegating powers and/or duties, mark the appropriate line(s) below.

____ EXECUTE CONTRACTS
(Provide details below)

____ SIGN PURCHASING DOCUMENTS
(Provide details below)

☒ OTHER (Provide details below)

DETAILS: Conduct inspections under Minn. Statutes § 182.654, 182.659, and 182.669. Issue citations, assess penalties and serve complaints under Minn. Statutes § 182.66, 182.661, and 182.666.

7. SIGNATURES

Robin N. Kelleher
DELEGATING/RESCINDING AUTHORITY

Cheryl Urie
DESIGNEE

8. **Copies to:** Secretary of State
State Treasurer
Department of Finance

RESERVED FOR USE BY THE SECRETARY OF STATE

