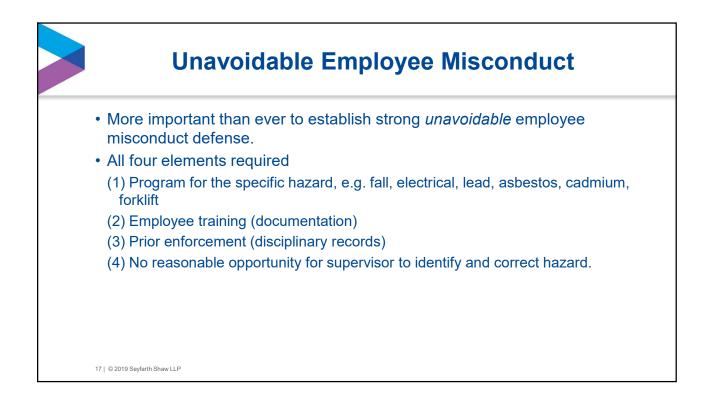
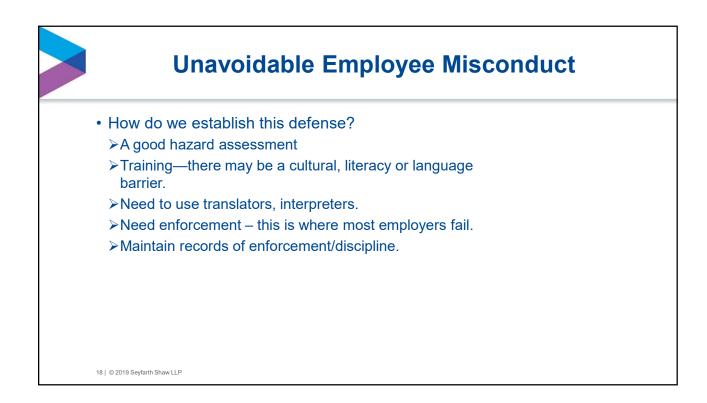


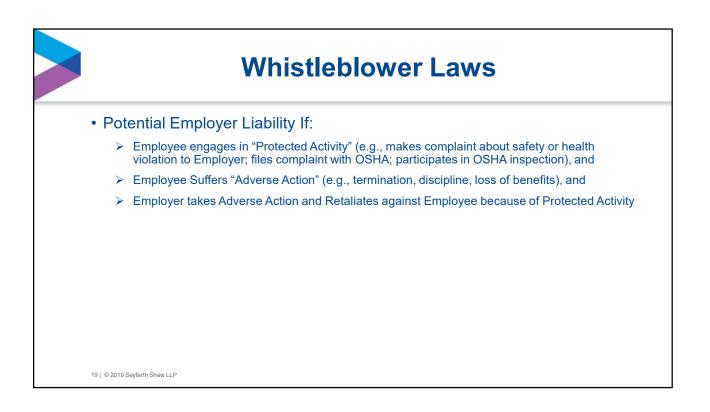
<b>Revised Penalty Structure</b>			
OSHA penalties increased to Consumer Price Index (CPI)			
	<u>2018</u>	January 1, 2019	
Other Than Serious	\$12,934	\$13,260	
Serious	\$12,934	\$13,260	
• Willful	\$129,336	\$132,598	
Repeat	\$129,336	\$132,598	
Failure to Abate	\$12,934 per day	\$13,260 per day	
Will be revised every following year			

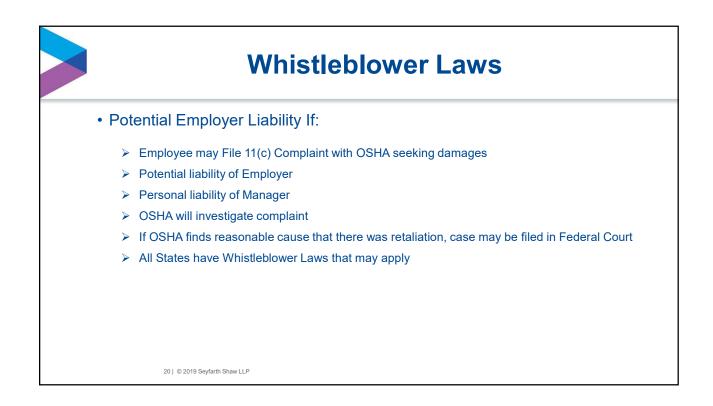


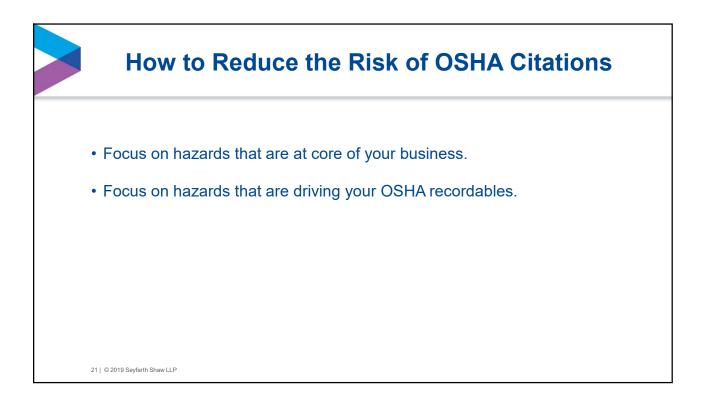


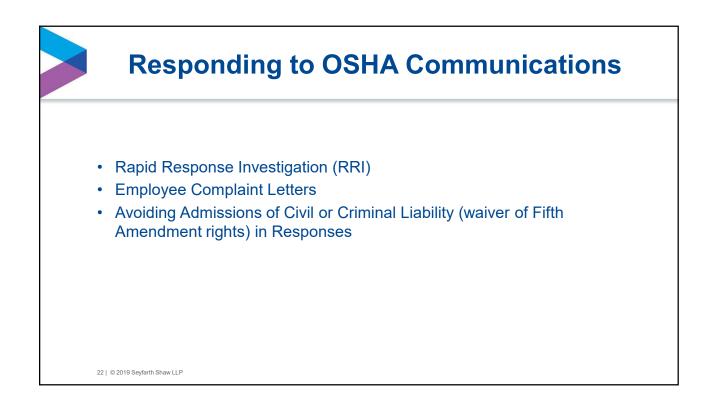


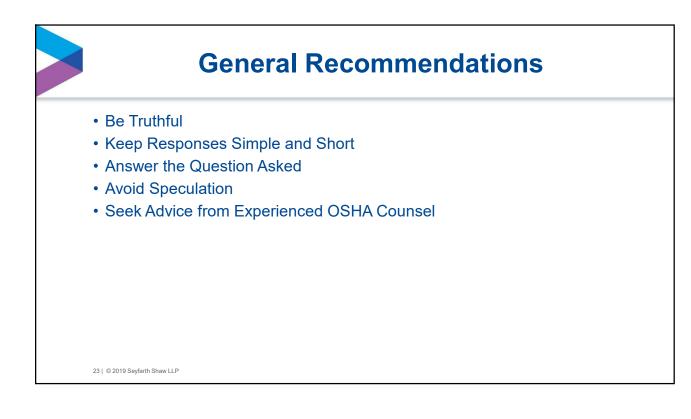


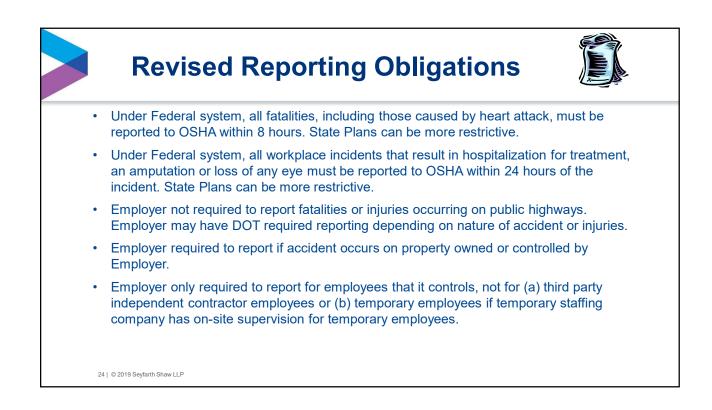












U.S. Department of La	bor Occupational Safety and Health Administration Baton Rouge Area Office 9100 Bluebonnet Centre Blvd. Suite 201 Baton Rouge, LA 70809 Phone: (225) 298-5485 Fax: (225) 298-5457 http://www.osha.gov	
May 9, 2017		
RE: OSHA Activity N	io.	
Dear		
08, 2017 at your work	up the conversation we had on UNKNOWN in reference to the employee : site. As we discussed, there are some important steps you should be taking need for an OSHA inspection.	
OSHA is very concern everyone's interest that	is injury indicates the presence of workplace hazards that threaten the health ed that additional employees at your worksite are at risk of being injured. A t you conduct a thorough investigation to determine the reasons for the wor incident and to implement corrective actions.	As we discussed, it is in
Please complete each	of the following by May 16, 2017:	
·Conduct an incident i	nvestigation. (See Non-Mandatory Investigative Tool — Attachment A)	
	written, signed documentation of findings from the investigation. written, signed abatement certification documenting action	
taken to correct hazaro ·Document findings ar oshabatonrougeRdol.g	Is related to the incident. and send corrective actions to (225) 298-5457 or ov	
will have notice or near	ter in a conspicuous place where all affected employees ar the location where the incident occurred. f the signed Certificate of Posting (Attachment B) to (225) 298-5457 or osl	abatonrougedol.gov

If you have a problem meeting this deadline or have any further questions, please call me.
If we do not receive the investigation results, abatement verification and certificate of posting by <u>Mav 16, 2017,</u> your worksite may be considered for an on-site inspection.
The goal of your incident investigation will be to identify both the immediate and the underlying causes of the incident. To assist you in conducting an investigation, I have attached a guide for your use, to ensure your employees are protected from future injuries. Additional resources are available at OSHA's Safety and Health Topics website at <a href="https://www.soha.gov/dosp/products/topics/incidentinyestigation/index.html">https://www.soha.gov/dosp/products/topics/incidentinyestigation/index.html</a> to assist you with conducting an Incident Investigation.
After correcting any immediate hazards, small and medium-sized businesses may be interested in requesting free, confidential assistance from the On-Site Consultation Program. Consultants from a state agency or university will work with you to identify workplace hazards, provide advice on compliance with OSHA standards, and assist you in establishing a safety and health management program. These services are separate from enforcement and do not result in penaltics or citations. To find out more information about OSHA's On-Site Consultation Program, please visit the programs website at https://www.osha.gov/dcsp/smallbusiness/consult.html or call [State Consultation Office Contact Information] to reach your local On-Site Consultation office. Also, please find a copy of the OSHA pamphlet, <u>"FREE Safety and Health Consultation Services"</u> for your use in <u>English</u> or <u>Spanish</u> .
Please note that it is against the law for employers to retaliate or discriminate in any way against an employee for raising safety and health issues or for exercising their rights under the OSHA law. This includes the right to report a work-related injury or illness to their employer, or to contact OSHA. More information about the Whistleblower Protection Program can be found at <a href="http://www.whistleblowers.gov/">http://www.whistleblowers.gov/</a> .
If you have any questions, please call me at (225) 298-5458 or email me at <u>oshabatonrouge@dol.gov</u> . Your support and interest in the safety and health of your employees is appreciated.
Sincerely Muitformy A Dorinda Folse Area Director

"Attachment A"
NON-MANDATORY INVESTIGATIVE TOOL
ESTABLISHMENT INFORMATION
1) Name of Investigator:
2) Job Title:
2) Job Title:
4) Address:
5) Contact Phone:
6) Fax
7) E-Mail
8) NAICS
6) Fax
10) Union : Yes No           11) Union Name and Contact Info:
11) Union Name and Contact Info:
INJURED EMPLOYEE INFORMATION
1) Injured Employee Name:
2) Age:
3) Gender Male Female
(For additional employees, use continuation section at end of form.)
4) Employee Typical Job Title:
5) Job at Time of Incident:
6) Type of Employment (check all that apply):  Full Time  Part Time  Seasonal
Temporary Other:
7) Length of Employment with the Company:
8) Amount of time in current position at time of incident:
9) Nature of Injury:
10) Part of Body:
INCIDENT INVESTIGATION
1) Date and time of the incident:
2) Location of incident:
· · · · · · · · · · · · · · · · · · ·

3) What was the employee doing just before the incident occurred? Instructions: Describe the activity: including the tools, equipment, or material the employee was using. Be specific. Example: "climbing a ladder while corrying roofing materials" and "changing gasket on a chlorine line".	
4) What Happened? Instructions: Provide a detailed description of the incident and how the injury occurred. Provide details such as measurement, sequence of overal, equipment RPMs, former, dimensions, he type of vehicle(s) invelved, details such as measurements, sequence of provide and the provide details and how the holpon." Tadder of holpon, "overleaf DIQ", "employee was sparyed with chlorate when gasket broke during replacement" and "employee was not wearing PPE".	
5) What was the injury or illness? Instruction: Describe the part of the body that was affected and how it was affected. Be more specific than "hurr", "painful" or "sore". Examples: "fractured vertebrae" and "chemical burn to the hoad".	
What object or substance directly harmed the employee? <i>Instructions: Provide the type, brand, size,</i> distinguishing features, condition, or specific part that harmed the employee. Example: "band saw blade".	

A. WHAT CAUSED OR ALLOWED THIS INCIDENT TO HAPPEN? Instructions: What were the underlying reasons the incident occurred – and are the factors that need to be addressed to prevent future incidents? If safety procedures were not being followed? why were they not being followed? Why machine was guild you or a safety device failed, why did infal? It is common for fut factors that contributed to the incident in several of these areas: equipment/machinery, tools, procedures and policies, training or lack of training, work environment. If you identify these factors, ry to determine why these factors were not addressed before the incident.	
B. CORRECTIVE ACTIONS TAKEN TO PREVENT FUTURE INCIDENTS     1) Hazardous condition(s) identified and corrective action taken by employer. Instructions: Describe     the immediate measures taken, interim adol tong-term actions necessary to correct hazardous condition(s). Also, use this     section to rack the completion of multi-step corrective actions as well as final corrective actions used to abate the hazardous     condition.	

U.S. Department of Labor Occupational Safety and Health Administration Marlton Area Office Area Office 701 Route 75 South Building 2, Suite 120 Marlton, NV 8053 Phone: (856) 596-5201 http://www.osha.gov	
May 9, 2017	
RE: OSHA Complaint No.	
Dear	
On May 5, 2017 the Occupational Safety and Health Administration (OSHA) received a notice of alleged workplace hazard(s) at your worksite at:	
We notified you, by telephone, of these alleged hazards on May 9, 2017. The specific nature of the alleged hazards are as follows:	
<ul> <li>Employees are allegedly experiencing headaches, nausea, etc. as a result of propane powered industrial trucks being operated in a poorly vented environment.</li> </ul>	
<ul> <li>Employees are allegedly exposed to slip and fall hazards as a result of the roof leaking.</li> </ul>	
We have not determined whether the hazards, as alleged, exist at your workplace and we do not intend to conduct an inspection at this time. However, since allegations of violations and/or hazards have been made, we request hat you immediately investigate the alleged conditions and make any necessary corrections or modifications. Please advise me in writing, no later than May 16, 2017 of the results of your investigation. You must provide supporting documentation of your findings, including any applicable measurements or monitoring results, and photographs/video which you believe would be helpful, as well as a description of any corrective action you have taken or are in the process of taking, including documentation of the corrected condition.	
This letter is not a citation or a notification of proposed penalty which, according to the Occupational Safety and Health Act, may be issued only after an inspection or investigation of	



Attachment A	
CERTIFICATE OF POSTING OSHA NOTIFICATION OF ALLEGED HAZARD(S)	
Employer Name: Complaint Number:	
Date of Posting:	
Date Copy Given to an Employee Representative:	
On behalf of the employer, I certify that a copy of the complaint letter received from the Occupational Safety and Health Administration (OSHA) has been posted in a conspicuous place, where all affected employees will have notice, or near such location where the violation occurred, and such notice has been given to each authorized representative of affective employees, if any. This notice was or will be posted for a minimum of ten (10) days or until any hazardous conditions found are corrected.	
Signature	
Title	
Employer/Establishment name	



