



Citation and Notification of Penalty

To:
Gerdau Reinforcing Steel West

and its successors
10840 Norwalk Blvd.
Santa Fe Springs, CA 90670

Inspection Site:
4900 Centennial Blvd.
Santa Clara, CA 95054

Inspection Number: 315776625
Inspection Date(s): 10/14/2013 - 04/09/2014

Issuance Date: 04/10/2014
CSHO ID: Z3164
Optional Report #: 010-14
Reporting ID: 0950613

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty (hereinafter Citation) is being issued in accordance with California Labor Code Section 6317 for violations that were found during the inspection/investigation. **This Citation or a copy must be prominently posted upon receipt by the employer at or near the location of each violation until the violative condition is corrected or for three working days, whichever is longer.** Violations of Title 8 of the California Code of Regulations or of the California Labor Code may result in some instances in prosecution for a misdemeanor.

YOU HAVE A RIGHT to contest this Citation and Notification of Penalty by filing an appeal with the Occupational Safety and Health Appeals Board. To initiate your appeal, you **must** contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of this Citation. If you miss the 15 working day deadline to appeal, the Citation and Notification of Penalty becomes a final order of the Appeals Board, not subject to review by any court or agency.

Informal Conference - You may request an informal conference with the Manager of the District Office which issued the Citation within 10 working days after receipt of the Citation. However, if the citation is appealed, you may request an informal conference at any time prior to the day of the hearing. Employers are encouraged to schedule a conference at the earliest possible time to assure an expeditious resolution of any issues. At the informal conference, you may discuss the existence of the alleged violation, classification of the violation, abatement date or proposed penalty.

Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an agreement which resolves this matter without litigation or contest.

APPEAL RIGHTS

The Occupational Safety and Health Appeals Board (Appeals Board) consists of three members appointed by the Governor. The Appeals Board is a separate entity from the Division of Occupational Safety and Health (Division) and employs experienced attorneys as administrative law judges to hear appeals fairly and impartially. To initiate an appeal from a Citation and Notification of Penalty, you must contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of a Citation. After you have initiated your appeal, you must then file a completed appeal form with the Appeals Board, at the address listed below, for each contested citation. Failure to file a completed appeal form with the Appeals Board may result in dismissal of the appeal. Appeal forms are available from district offices of the Division, or from the Appeals Board:

Occupational Safety and Health Appeals Board

2520 Venture Oaks Way, Suite 300

Sacramento, CA 95833

Telephone: (916) 274-5751 or (877) 252-1987

If the Citation you are appealing alleges more than one item, you must specify on the appeal form which items you are appealing. You must also attach to the appeal form a legible copy of the Citation you are appealing. In addition, please send a copy of Page 1 of this Citation and Notification of Penalty, the cover sheet.

Among the specific grounds for an appeal are the following: the safety order was not violated, the classification of the alleged violation (e.g., serious, repeat, willful) is incorrect, the abatement requirements are unreasonable or the proposed penalty is unreasonable.

Important: You must notify the Appeals Board, not the Division, of your intent to appeal within 15 working days from the date of receipt of the Citation. Otherwise, the Citation and Notification of Penalty becomes a final order of the Appeals Board not subject to review by any court or agency. An informal conference with the Division does not constitute an appeal and does not stay the 15 working day appeal period. If you have any questions concerning your appeal rights, call the Appeals Board, (916) 274-5751 or (877) 252-1987.

PENALTY PAYMENT OPTIONS

Penalties are due within 15 working days of receipt of this Citation and Notification of Penalty unless contested. If you are appealing any item of the citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form for payment.

If you are paying electronically, please have the Penalty Remittance Form on-hand when you are ready to make your payment. The company name, index code, reporting ID, and Citation number(s) will be required in order to ensure that the payment is accurately posted to your account. Please go to www.dir.ca.gov/dosh to access the secure payment processing site.

If you are paying by check, return one copy of the Citation, along with the Notice of Proposed penalties Sheet and the Penalty Remittance Form and mail to:

Department of Industrial Relations
Cashier, Accounting Office
P. O. Box 420603
San Francisco, CA 94142-0603

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

NOTIFICATION OF CORRECTIVE ACTION

For violations which you do not contest, you should notify the Division of Occupational Safety and Health promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation and Notification of Penalty. Please inform the District Office listed on the Citation by submitting the CAL/OSHA 160 and/or 161 with the abatement steps you have taken and the date the violation was abated, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. The adjusted penalty for serious and general violations is reduced by 50% on the presumption that the employer will correct the violations by the abatement date. **If the CAL/OSHA 161 is not received in the District Office within 10 days following the abatement date, the abatement credit is revoked, causing the penalty to double.**

Note: Return the CAL/OSHA 160/161 to the District Office listed on the Citation and as shown below:

Division of Occupational Safety and Health
1065 E. Hillsdale Blvd., Suite 110
Foster City, CA 94404
Telephone: (650) 573-3812 Fax: (650) 573-3817

EMPLOYEE RIGHTS

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under Labor Code Section 6310 or 6311. An employee who believes that he/she has been discriminated against may file a complaint no later than six (6) months after the discrimination occurred with the Division of Labor Standards Enforcement.

Employee Appeals - An employee or authorized employee's representative may, within 15 working days of the issuance of a citation, special order, or order to take special action, appeal to the Occupational Safety and Health Appeals Board the reasonableness of the period of time fixed by the Division of Occupational Safety and Health (Division) for abatement. An employee appeal may be filed with the Appeals Board or with the Division. No particular format is necessary to initiate the appeal, but the notice of appeal must be in writing.

If an Employee Appeal is filed with the Division, the Division shall note on the face of the document the date of receipt, include any envelope or other proof of the date of mailing, and promptly transmit the document to the Appeals Board. The Division shall, no later than 10 working days from receipt of the Employee Appeal, file with the Appeals Board and serve on each party a clear and concise statement of the reasons why the abatement period prescribed by it is reasonable.

Employee Appeal Forms are available from the Appeals Board, or from a District Office of the Division.

Employees Participation in Informal Conference. Affected employees or their representatives may notify the District Manager that they wish to attend the informal conference. If the employer objects, a separate informal conference will be held.

DISABILITY ACCOMMODATION

Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid or service, or a modification of policies or procedures to ensure effective communication and access to the programs of the Division of Occupational Safety and Health, should contact the Disability Accommodation Coordinator at the local district office or the Statewide Disability Accommodation Coordinator at 1-866-326-1616 (toll free). The Statewide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign-language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing or conference.

State of California

Division of Occupational Safety and Health
Cal/OSHA District Office (0950613; 4019)
1065 East Hillsdale Blvd., Suite 110
Foster City, CA 94404

Inspection Number: 315776625
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CSHO ID: Z3164
Optional Inspection Nbr: 010-14



Phone: (650) 573-3812 Fax: (650) 573-3817

Citation and Notification of Penalty

Company Name: Gerdau Reinforcing Steel West
Inspection Site: 4900 Centennial Blvd., Santa Clara, CA 95054

Citation 1 Item 1 Type of Violation: **General**

T8 1509 Injury and Illness Prevention Program.

(b) Every employer shall adopt a written Code of Safe Practices which relates to the employer's operations. The Code shall contain language equivalent to the relevant parts of Plate A-3 of the Appendix.

Location: Levi's Stadium Project - 4900 Centennial Blvd., Santa Clara, CA

Prior to the time of the Cal/OSHA inspection on October 14, 2013 the employer failed to have a Code of Safe Practices which addressed unloading of reinforcing steel from trucks and ensuring employees in the area are protected from harm by reinforcing steel accidentally displaced during the unloading procedure.

Date By Which Violation Must be Abated: 05/13/2014
Proposed Penalty: \$ 750.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of California

Division of Occupational Safety and Health
Cal/OSHA District Office (0950613; 4019)
1065 East Hillsdale Blvd., Suite 110
Foster City, CA 94404

Inspection Number: 315776625
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Citation and Notification of Penalty

Company Name: Gerdau Reinforcing Steel West
Inspection Site: 4900 Centennial Blvd., Santa Clara, CA 95054

Citation 2 Item 1 Type of Violation: **Serious**

T8 CCR 1509 Injury and Illness Prevention Program.

(a) Every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program in accordance with section 3203 of the General Industry Safety Orders.

Location: Levi's Stadium Project - 4900 Centennial Blvd., Santa Clara, CA

Prior to the time of the Cal OSHA inspection on October 14, 2013, the employer failed to implement, and maintain an effective Injury and Illness Prevention Program, as required by this Section, for the hazards involved with unloading reinforcing steel from trucks, including but not limited to:

- * procedures for identifying, evaluating and inspecting hazards, unsafe conditions and work practices
- * methods and/or procedures for correcting unsafe conditions, work practices and work procedures
- * providing training and instruction

The employer failed to ensure that safety procedures were developed for unloading trucks and/or trailers which included verification of the location for all nearby persons in the area during the unloading process, and for ensuring that personnel unnecessary to the unloading process are out of the zone of danger, and failed to train personnel to implement such verification or other preventative measures.

As a result, on or about October 14, 2013 a truck driver employed by the employer was struck by reinforcing steel that became dislodged during an unloading process as he stood outside the cab on the driver's side of the truck. The driver was undetected by an employee standing on the truck bed and an employee operating a forklift on the passenger side. During the process an unsecured bundle of reinforcing steel approximately 30 ft. long was accidentally pushed off the side of the truck bed, striking and fatally injuring the truck driver.

Date By Which Violation Must be Abated:	05/13/2014
Proposed Penalty:	\$ 18000.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of California

Division of Occupational Safety and Health
Cal/OSHA District Office (0950613; 4019)
1065 East Hillsdale Blvd., Suite 110
Foster City, CA 94404

Inspection Number: 315776625
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CSHO ID: Z3164
Optional Inspection Nbr: 010-14



Phone: (650) 573-3812 Fax: (650) 573-3817

Citation and Notification of Penalty

Company Name: Gerdau Reinforcing Steel West
Inspection Site: 4900 Centennial Blvd., Santa Clara, CA 95054

Citation 3 Item 1 Type of Violation: **Serious**

T8 CCR 3704 Securing Loads.
All loads shall be secured against dangerous displacement either by proper piling or other securing means.

Location: Levi's Stadium Project - 4900 Centennial Blvd., Santa Clara, CA

On or about October 14, 2013 the employer failed to ensure that a bundle of reinforcing steel approximately 30 ft. long and located near the outside edge of the truck bed was secured to prevent dangerous displacement while an employee using a forklift was attempting to lift smaller bundles of reinforcing steel from the center of the truck. As the forklift operator was attempting to lift the smaller bundles of reinforcing steel, some portion of that load and/or the forklift struck the longer bundle of reinforcing steel, pushing it off to the driver's side. As a result, a truck driver standing near the truck bed on the driver's side was fatally injured when he was struck by the falling bundle of reinforcing steel.

Date By Which Violation Must be Abated: 05/13/2014
Proposed Penalty: \$ 18000.00



Compliance Officer/District Manager

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of California
Division of Occupational Safety and Health
1065 E. Hillsdale Blvd., Suite 110
Foster City, CA 94404
Telephone: (650) 573-3812 Fax: (650) 573-3817

NOTICE OF PROPOSED PENALTIES

Company Name: Gerdau Reinforcing Steel West
Inspection Site: 4900 Centennial Blvd., Santa Clara, CA 95054
Mailing Address: 10840 Norwalk Blvd., Santa Fe Springs, CA 90670

Issuance Date: 04/10/2014

Reporting ID: 0950613
Index Code: 4019

Summary of Penalties for Inspection Number 315776625

Citation 1, General	= \$	750.00
Citation 2, Serious	= \$	18000.00
Citation 3, Serious	= \$	18000.00
TOTAL PROPOSED PENALTIES	= \$	36750.00

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If you are paying electronically: Please have this form on-hand when you are ready to make your payment. The company name, index code, reporting ID and Citation number(s) will be required to ensure that the payment is accurately posted to your account. Please go to www.dir.ca.gov/dosh to access the secure payment processing site.

If you are paying by check: Mail this Notice of Proposed Penalties, the Penalty Remittance Form, along with a copy of the Citation and Notification of Penalty to:

**DEPARTMENT OF INDUSTRIAL RELATIONS
CASHIER, ACCOUNTING OFFICE
P. O. BOX 420603
SAN FRANCISCO, CA 94142-0603**

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions or endorsements do not exist.

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH - CAL/OSHA
Cashier, Accounting Office
P.O. Box 420603
San Francisco, CA 94142-0603
Phone (415) 703-4291 or (415) 703-4295 FAX (415) 703-3037

PENALTY REMITTANCE FORM

CIVIL PENALTY INFORMATION INSPECTION NUMBER 315776625 REPORTING ID 0950613 INDEX CODE 4019

ESTABLISHMENT NAME Gerdau Reinforcing Steel West

CONTACT PERSON _____

PHONE NO. _____

FAX NO. _____

SITE ADDRESS 4900 Centennial Blvd., Santa Clara

MAILING ADDRESS 10840 Norwalk Blvd., Santa Fe Springs, CA, 90670

CITATION INFORMATION (Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed.)

Payment is for the following Citation Items: (e.g. Citation 1, Items 1-5; Citation 3)

TYPE OF PAYMENT ENCLOSED

CHECK OR MONEY ORDER INFORMATION

CHECK ENCLOSED IN THE AMOUNT OF \$ _____

MONEY ORDER ENCLOSED IN THE AMOUNT OF \$ _____

(Please make check or money order payable to **CAL/OSHA** and mail to the Cashier, Accounting Office, at the above address. Reference the Inspection Number on the "memo" portion of your check or money order.)

Go to www.dir.ca.gov/dosh to access the on-line third party secure payment processing site
OR Complete this section and fax to (415) 703-3037 **CREDIT CARD INFORMATION**

CREDIT CARD NO. _____ EXPIRATION DATE _____

CREDIT (Visa, MC, Amex, etc.) SECURITY CODE: (last 3 digits on back of card) _____ (4 digits on front of Amex card)

NAME OF CARDHOLDER _____ SIGNATURE _____

EMAIL ADDRESS _____

CARDHOLDER PHONE NO. _____ FAX NO. _____

AMOUNT OF PAYMENT \$ _____

FOR OFFICE USE ONLY -----

AUTHORIZATION NO. _____ DATE PROCESSED _____

PROCESSED BY _____

Please call (415) 703-4291 or (415) 703-4295 or complete the information above and fax to (415) 703-3037

Cal/OSHA-2 PRF REV 6/10