

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
Long Beach District Office
3939 Atlantic Avenue, Suite 212
Long Beach, CA 90807
Phone: (562) 506-0810 Fax: (562) 426-8340

Inspection #: 1486550
Inspection Dates: 04/28/2020 - 09/08/2020
Issuance Date: 09/08/2020
CSHO ID: J9223
Optional Report #: 035-20



Citation and Notification of Penalty

Company Name: Overhill Farms, Inc.
Establishment DBA:
and its successors
Inspection Site: 2727 E. Vernon Avenue
Vernon, CA 90058

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

California Code of Regulations, Title 8, Section 342. Reporting Work-connected Fatalities and Serious Injuries.

(a) Every employer shall report immediately by telephone or telegraph to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.

Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

Serious injury or illness is defined in section 330(h), Title 8, California Administrative Code.

Employer failed to immediately report to the Division the death of an employee on or about April 18, 2020.

In addition, for the death of the employee, the employer failed to report all of the information as outlined in t8CCR 342(c).

[Reference t8CCR 342(c):

When making such report, the reporting party shall include the following information, if available:

- (1) Time and date of accident.*
- (2) Employer's name, address and telephone number.*
- (3) Name and job title, or badge number of person reporting the accident.*
- (4) Address of site of accident or event.*
- (5) Name of person to contact at site of accident.*
- (6) Name and address of injured employee(s).*

(7) Nature of injury.

(8) Location where injured employee(s) was (were) moved to.

(9) List and identity of other law enforcement agencies present at the site of accident.

(10) Description of accident and whether the accident scene or instrumentality has been altered.]

Date By Which Violation Must be Abated:

Corrected During Inspection

Proposed Penalty:

\$5000.00

_____/s/ Kathy Derham

Compliance Officer / District Manager