

State of California
Division of Occupational Safety and Health
Cal/OSHA San Diego District (0950632; 4032)
7575 Metropolitan Drive, Suite 207
San Diego, CA 92108
Phone: (619) 767-2280 Fax: (619) 767-2299



Citation and Notification of Penalty

To:
COKER EQUIPMENT, INC

and its successors
PO BOX 81378
LAS VEGAS, NV 89180

Inspection Number: 317230753
Inspection Date(s): 02/12/2014 - 04/22/2014

Issuance Date: 04/28/2014
CSHO ID: C8141
Optional Report #: 018-14
Reporting ID: 0950632

Inspection Site:
11195 WESTVIEW PARKWAY
SAN DIEGO, CA 92126

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
Cal/OSHA San Diego District (0950632; 4032)
7575 Metropolitan Drive, Suite 207
San Diego, CA 92108
Phone: (619) 767-2280 Fax: (619) 767-2299

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 San Diego District (0950632; 4032)
7575 Metropolitan Drive, Suite 207
San Diego, CA 92108

Inspection Number: 317230753
Inspection Dates: 02/12/2014-04/22/2014
Issuance Date: 04/28/2014
CSHO ID: C8141
Optional Inspection Nbr: 018-14



Phone: (619) 767-2280 Fax: (619) 767-2299

Citation and Notification of Penalty

Company Name: COKER EQUIPMENT, INC
Inspection Site: 11195 WESTVIEW PARKWAY, SAN DIEGO, CA 92126

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

8 CCR 1509(c): Injury and Illness Prevention Program. The Code of Safe Practices shall be posted at a conspicuous location at each job site office or be provided to each supervisory employee who shall have it readily available.

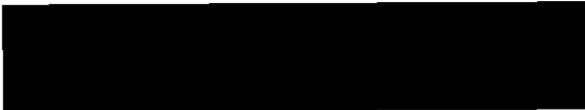
a) At the time of the inspection, where the employer was performing construction at the jobsite located at 11195 Westview Parkway, San Diego including operation of a construction tower crane, the employer had not posted or had readily available their written Code of Safe Practices at each worksite.

Date By Which Violation Must be Abated:
Proposed Penalty:

05/11/2014
\$ 150.00



Darcy Murphine
Compliance Safety & Health Officer



Kathy Derham
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
7575 Metropolitan Drive, Suite 207
San Diego, CA 92108
Telephone: (619) 767-2280 Fax: (619) 767-2299



NOTICE OF PROPOSED PENALTIES

Company Name: COKER EQUIPMENT, INC
Inspection Site: 11195 WESTVIEW PARKWAY, SAN DIEGO, CA 92126
Mailing Address: PO BOX 81378, LAS VEGAS, NV 89180
Issuance Date: 04/28/2014
Reporting ID: 0950632
Index Code: 4032

Summary of Penalties for Inspection Number 317230753

Citation 1, General	= \$	150.00
TOTAL PROPOSED PENALTIES	= \$	150.00

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. Enclosed for your use is a Penalty Remittance Form.

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) 703-4296 or (415) 703-4308 FAX (415) 703-3037

PENALTY REMITTANCE FORM

CIVIL PENALTY INFORMATION	INSPECTION NUMBER	<u>317230753</u>	REPORTING ID	<u>0950632</u>	INDEX CODE	<u>4032</u>
ESTABLISHMENT NAME	<u>COKER EQUIPMENT, INC</u>					
CONTACT PERSON	_____					
PHONE NO.	_____			FAX NO.	_____	
SITE ADDRESS	<u>11195 WESTVIEW PARKWAY, SAN DIEGO</u>					
MAILING ADDRESS	<u>PO BOX 81378, LAS VEGAS, NV, 89180</u>					

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: CONVENIENCE FEE APPLIES

CREDIT CARD NO. _____ EXPIRATION DATE _____

CREDIT TYPE _____ SECURITY CODE (last 3 digits on back of MC cards) _____ (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 415-703-4308 or complete the information above and fax to 415-703-3037

ELECTRONIC FUNDS TRANSFER EFT OPTION-NO CONVENIENCE FEE APPLIES: GO TO www.dir.ca.gov/dosh

Notification of Failure to Abate Alleged Violation

1. Original Inspection Date(s)	2. Original Inspection Number
06/12/12 - 12/11/12	315345181

3. Issuance Date 04/28/14	4. Inspection Number 317230753
5. Reporting ID 950632	6. CSE/IH ID C8141
7. Optional Report No. 018-14	8. Page No. 1 of 2

10. Inspection Date(s): 02/12/14 - 04/25/14

11. Inspection Site: 11195 Westview Parkway
 San Diego, CA 92126

9. To: **COKER EQUIPMENT CO., INC.**
 and its successors
 PO BOX 81378
 LAS VEGAS, NV 89180

Penalties
 Are Due
 Within 15
 Days of
 Receipt
 of This
 Notification
 Unless
 Contested

After the original inspection, a Citation was issued to you in accordance with the provisions of the California Labor Code notifying you of alleged violations and the dates by which they were to be abated. Based upon reinspection, it is alleged that you have failed to abate the violation(s) listed below within the time prescribed, and the following additional penalties are proposed. You are to notify the Division of Occupational Safety and Health in writing of the date and nature of the corrective action taken.

This notification will become a final order not subject to review by any court or agency, unless you notify the California Occupational Safety and Health Appeals Board in writing of your intent to appeal the additional penalties within 15 days after receipt of this notification.

(SEE REVERSE SIDE FOR APPEAL RIGHTS)

12. Citation Number – Item Number: 1- 3	15. Additional Penalty	Number of Days Fail to Abate
13. Standard Regulation or Section of the Act Violated: 8 CCR 1509(a)		
14. Description: Citation 1, Item 3 GENERAL 8 CCR 1509(a): Injury and Illness Prevention Program. 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. The Program shall be in writing and shall include all seven minimum elements required by this part: a) At the time of the inspection, the employer had not established and implemented a written Injury and Illness Prevention Program which included all of the elements required by this part. The employer had a written IIPP which included all of the required parts except for procedures to provide training for employees as required by 3203(a)(7)(C) To all employees given new job assignments for which training has not previously been received; (D) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard; (E) Whenever the employer is made aware of a new or previously unrecognized hazard; and, (F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed. b) Employees had not received training on the POTAIN HDT80 (SN 95159) Cab Lift mechanism, safety manual, service, operation, and required daily inspection procedures. The Potain tower crane was acquired in March of 2012 and put into service on April 16, 2012 at a jobsite in San Diego. An employee was seriously injured on June 12, 2012 when the safety brake mechanism failed and the cab fell 20 to 25 feet with an employee on board. ABATE FOLLOW-UP Violations: At the time of the inspection, the employer had not established and implemented a written Injury and Illness Prevention Program which included all of the elements required by this part. a) The employer did not provide a written IIPP when it was requested on February 12, 2014. No program was provided meeting all seven elements of 3203. b) No training records were provided. This is Failure to Abate violation of Citation 1, Item 3, from Inspection number 315345181 which was issued 6/12/12 and which became a final order on 10/4/2013. NOTE: INFORMAL CONFERENCE AVAILABLE, PLEASE CONTACT THE CAL/OSHA DISTRICT OFFICE LISTED ON CITATION.	\$30,625	45 Days
16. Signature  Safety Engineer/Industrial Hygienist	17. Total Additional Penalty \$30,625.00	 Total Additional Penalty

Payment of all penalties shown is to be made by check or money order payable to "Cal/OSHA".

Make Check or Money Order

**RETURN ONE COPY AND THIS NOTICE
WITH YOUR REMITTANCE AND MAIL TO:**

DEPARTMENT OF INDUSTRIAL RELATIONS
CASHIER, ACCOUNTING OFFICE
P.O. Box 420603
San Francisco, CA 94142-0603

Payable to
"Cal/OSHA"
Indicate
Inspection
Number on
Remittance

NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION

Cal/OSHA 2B (10/89)

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 8310. Employees who believe they have been discriminated against may file a complaint no later than 30 days after the discrimination with the State Labor Commissioner.

NOTICE TO EMPLOYEES - An employee or employee representative may contest in writing to the California Occupational Safety and Health Appeals Board the reasonableness of the abatement period within 15 working days from the date of issuance of the citation. Forms for use in presenting appeals to the Board are available from district offices, Division of Occupational Safety and Health, or from the Appeals Board.

APPEAL RIGHTS

You must notify the Appeals Board within 15 working days after receipt of this citation of your intent to contest any item of the citation or the citation as a whole, outlining the grounds for the appeal which may include existence of the alleged violation(s), reasonableness of the abatement date(s), reasonableness of the abatement change(s), or the proposed civil penalty(ies).

Appeal forms are available from district offices of the Division of Occupational Safety and Health or from the Appeals Board:

CALOSH APPEALS BOARD
2520 Venture Oaks Way, Suite 300
Sacramento, California 95833
Telephone: (916) 274-5791 or (877) 252-1937
Fax: (916) 274-5795

PLEASE NOTE: An informal conference with the Division of Occupational Safety and Health does not constitute an appeal and does not stay the 15 working day appeal period.

When preparing your appeal forms, please make sure to attach a copy of the document you are appealing.

Notification of Failure to Abate Alleged Violation

1. Original Inspection Date(s)	2. Original Inspection Number
06/12/12 - 12/11/12	315345181

3. Issuance Date 04/28/14	4. Inspection Number 317230753
5. Reporting ID 950632	6. CSE/IH ID C8141
7. Optional Report No. 018-14	8. Page No. 1 of 2

10. Inspection Date(s): 02/12/14 - 04/25/14

11. Inspection Site: 11195 Westview Parkway
 San Diego, CA 92126

**Penalties
 Are Due
 Within 15
 Days of
 Receipt
 of This
 Notification
 Unless
 Contested**

9. To: **COKER EQUIPMENT CO., INC.**
 and its successors
 PO BOX 81378
 LAS VEGAS, NV 89180

After the original inspection, a Citation was issued to you in accordance with the provisions of the California Labor Code notifying you of alleged violations and the dates by which they were to be abated. Based upon reinspection, it is alleged that you have failed to abate the violation(s) listed below within the time prescribed, and the following additional penalties are proposed. You are to notify the Division of Occupational Safety and Health in writing of the date and nature of the corrective action taken.

This notification will become a final order not subject to review by any court or agency, unless you notify the California Occupational Safety and Health Appeals Board in writing of your intent to appeal the additional penalties within 15 days after receipt of this notification.

(SEE REVERSE SIDE FOR APPEAL RIGHTS)

12. Citation Number – Item Number: 1- 4	15. Additional Penalty	Number of Days Fail to Abate
13. Standard Regulation or Section of the Act Violated: 8 CCR 1509(e)	\$27,225	45 Days
14. Description: Citation 1, Item 4 GENERAL 8 CCR 1509(e): Injury and Illness Prevention Program. Supervisory employees shall conduct "toolbox" or "tailgate" safety meetings, or equivalent, with their crews at least every 10 working days to emphasize safety. a) At the time of the inspection, the employer was not conducting toolbox or tailgate safety meetings or the equivalent, every ten days. Employees who were working at the jobsite located at 11195 Westview Parkway, San Diego had not participated in any tailgate safety meetings held by the employer. There were no records of tailgate safety meetings provided by either the employer or the general contractor for which the employee operating the tower crane had participated since working at the job site since June of 2013. This is Failure to Abate violation of Citation 1, Item 4, from Inspection number 315345181 which was issued 6/12/12 and which became a final order on 10/4/2013. NOTE: INFORMAL CONFERENCE AVAILABLE. PLEASE CONTACT THE CAL/OSHA DISTRICT OFFICE LISTED ON CITATION.		
16. Signature  Safety Engineer/Industrial Hygienist	17. \$27,225.00  District Manager/Sr. Industrial Hygienist	Total Additional Penalty

Payment of all penalties shown is to be made by check or money order payable to "Cal/OSHA".

**RETURN ONE COPY AND THIS NOTICE
 WITH YOUR REMITTANCE AND MAIL TO:**

DEPARTMENT OF INDUSTRIAL RELATIONS
 CASHIER, ACCOUNTING OFFICE
 P.O. Box 420603
 San Francisco, CA 94142-0603

Make Check or Money Order Payable to "Cal/OSHA"
 Indicate Inspection Number on Remittance

PLEASE COPY THE REQUISITES

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. Employees who believe they have been discriminated against may file a complaint no later than 30 days after the discrimination with the State Labor Commissioner.

NOTICE TO EMPLOYERS - An employee or employee representative may contest in writing to the California Occupational Safety and Health Appeals Board the reasonableness of the abatement period within 15 working days from the date of issuance of the citation. Forms for use in presenting appeals to the Board are available from district offices, Division of Occupational Safety and Health, or from the Appeals Board.

APPEAL RIGHTS

You must notify the Appeals Board within 15 working days after receipt of this citation of your intent to contest any item of the citation or the citation as a whole, outlining the grounds for the appeal which may include existence of the alleged violation(s), reasonableness of the abatement date(s), reasonableness of the abatement change(s) or the proposed civil penalty(ies).

Appeal forms are available from district office of the Division of Occupational Safety and Health or from the Appeals Board:

CAL/OSH APPEALS BOARD
2520 Ventura Oaks Way, Suite 300
Sacramento, California 95833
Telephone: (916) 274-5791 or (877) 252-1987
Fax: (916) 274-5785

PLEASE NOTE: An informal conference with the Division of Occupational Safety and Health does not constitute an appeal and does not stay the 15 working day appeal period.

After preparing your appeal forms, please make sure to attach a copy of the document you are appealing.

Notification of Failure to Abate Alleged Violation

1. Original Inspection Date(s)	2. Original Inspection Number
06/12/12 - 12/11/12	315345181

3. Issuance Date 04/28/14	4. Inspection Number 317230753
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After the original inspection, a Citation was issued to you in accordance with the provisions of the California Labor Code notifying you of alleged violations and the dates by which they were to be abated. Based upon reinspection, it is alleged that you have failed to abate the violation(s) listed below within the time prescribed, and the following additional penalties are proposed. You are to notify the Division of Occupational Safety and Health in writing of the date and nature of the corrective action taken. This notification will become a final order not subject to review by any court or agency, unless you notify the California Occupational Safety and Health Appeals Board in writing of your intent to appeal the additional penalties within 15 days after receipt of this notification. **(SEE REVERSE SIDE FOR APPEAL RIGHTS)**

Penalties Are Due Within 15 Days of Receipt of This Notification Unless Contested

12. Citation Number – Item Number: 1- 7	15. Additional Penalty	Number of Days Fail to Abate	
13. Standard Regulation or Section of the Act Violated: 8 CCR 3395(f)(3)			
14. Description: Citation 1, Item 7 GENERAL 8 CCR 3395(f)(3): Heat Illness Prevention. The employer's procedures for complying with each requirement of this standard required by subsections (f)(1)(B), (G), (H), and (I) shall be in writing and shall be made available to employees and to representatives of the Division upon request. The Heat Illness Prevention Plan shall include: (B) The employer's procedures for complying with the requirements of this standard: (e) High-heat procedures. The employer shall implement high-heat procedures when the temperature equals or exceeds 95 degrees Fahrenheit. These procedures shall include the following to the extent practicable: (1) Ensuring that effective communication by voice, observation, or electronic means is maintained so that employees at the work site can contact a supervisor when necessary. An electronic device, such as a cell phone or text messaging device, may be used for this purpose only if reception in the area is reliable. (2) Observing employees for alertness and signs or symptoms of heat illness. (3) Reminding employees throughout the work shift to drink plenty of water. (4) Close supervision of a new employee by a supervisor or designee for the first 14 days of the employee's employment by the employer, unless the employee indicates at the time of hire that he or she has been doing similar outdoor work for at least 10 of the past 30 days for 4 or more hours per day. a) At the time of the inspection, for the employee performing outdoor work at the construction jobsite located at 11195 Westview Parkway, San Diego operating tower cranes in the construction of multi-story wood frame apartment buildings. The Employer's Heat Illness Prevention Policy did not include their plan for how to comply with the high-heat procedures required by 3395(e). No new Heat Illness Plan was provided when requested on 2/12/14. This is Failure to Abate violation of Citation 1, Item 7, from Inspection number 315345181 which was issued 6/12/12 and which became a final order on 10/4/2013. NOTE: INFORMAL CONFERENCE AVAILABLE, PLEASE CONTACT THE CAL/OSHA DISTRICT OFFICE LISTED ON CITATION.	\$30,625	45 Days	
 Safety Engineer/Industrial Hygienist	 District Manager/Sr. Industrial Hygienist	17. \$30,625.00	Total Additional Penalty Make Check or Money Order Payable to "Cal/OSHA" Indicate Inspection Number on Remittance

Payment of all penalties shown is to be made by check or money order payable to "Cal/OSHA".

RETURN ONE COPY AND THIS NOTICE WITH YOUR REMITTANCE AND MAIL TO:

DEPARTMENT OF INDUSTRIAL RELATIONS
 CASHIER, ACCOUNTING OFFICE
 P.O. Box 420603
 San Francisco, CA 94142-0603

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 6316. Employees who believe they have been discriminated against may file a complaint no later than 30 days after the discrimination with the State Labor Commissioner.

RIGHT TO REPRESENTATION - An employee or employee representative may contest in writing to the California Occupational Safety and Health Appeals Board the reasonableness of the abatement period within 15 working days from the date of issuance of the citation. Forms for use in presenting appeals to the Board are available from district offices, Division of Occupational Safety and Health, or from the Appeals Board.

APPEAL RIGHTS

You must notify the Appeals Board *within 15 working days* after receipt of this citation of your intent to contest any item of the citation or the citation as a whole, outlining the grounds for the appeal which may include existence of the alleged violation(s), reasonableness of the abatement date(s), reasonableness of the abatement change(s), or the proposed civil penalty(ies).

Appeal forms are available from district office of the Division of Occupational Safety and Health or from the Appeals Board.

CALOSH APPEALS BOARD
2520 Venture Oaks Way, Suite 300
Sacramento, California 95833
Telephone: (916) 274-5791 or (877) 252-1987
Fax: (916) 274-5795

PLEASE NOTE: An informal conference with the Division of Occupational Safety and Health does not constitute an appeal and does not stay the 15 working day appeal period.

When preparing your appeal forms, please make sure to attach a copy of the document you are appealing.

STATE OF CALIFORNIA
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
 7575 Metropolitan Drive, Suite #207
 San Diego, CA 92108
 Phone: (619)767-2280 Fax: (619)767-2299

Notification of Failure to Abate Alleged Violation

1. Original Inspection Date(s)	2. Original Inspection Number
06/12/12 - 12/11/12	315345181

3. Issuance Date 04/28/14	4. Inspection Number 317230753
5. Reporting ID 950632	6. CSE/IH ID C8141
7. Optional Report No. 018-14	8. Page No. 1 of 2

10. Inspection Date(s): 02/12/14 - 04/25/14

11. Inspection Site: 11195 Westview Parkway
 San Diego, CA 92126

Penalties Are Due Within 15 Days of Receipt of This Notification Unless Contested

9. To: **COKER EQUIPMENT CO., INC.**
 and its successors
 PO BOX 81378
 LAS VEGAS, NV 89180

After the original inspection, a Citation was issued to you in accordance with the provisions of the California Labor Code notifying you of alleged violations and the dates by which they were to be abated. Based upon reinspection, it is alleged that you have failed to abate the violation(s) listed below within the time prescribed, and the following additional penalties are proposed. You are to notify the Division of Occupational Safety and Health in writing of the date and nature of the corrective action taken.

This notification will become a final order not subject to review by any court or agency, unless you notify the California Occupational Safety and Health Appeals Board in writing of your intent to appeal the additional penalties within 15 days after receipt of this notification.

(SEE REVERSE SIDE FOR APPEAL RIGHTS)

12. Citation Number – Item Number: 3 - 1	15. Additional Penalty	Number of Days Fail to Abate	
13. Standard Regulation or Section of the Act Violated: 8 CCR 1618.4(f)			
14. Description: Citation 3, Item 1 GENERAL 8 CCR 1618.4(f): Cranes and Derricks in Construction; Training. Tag-out. The employer shall train each operator and each additional employee authorized to start/energize equipment or operate equipment controls (such as maintenance and repair employees), in the tag-out and start-up procedures in Sections 1616.1(g) and (h). a) An employee who was working on the POTAIN HDT 80 self-erector crane (No. 87268) in use at the jobsite at 11195 Westview Parkway San Diego, had not been trained in the tag-out and start-up procedures of 8 CCR 1616.1(g) and (h) for cranes and derricks in construction. This is Failure to Abate violation of Citation 3, Item 1, from Inspection number 315345181 which was issued 6/12/12 and which became a final order on 10/4/2013. NOTE: INFORMAL CONFERENCE AVAILABLE, PLEASE CONTACT THE CAL/OSHA DISTRICT OFFICE LISTED ON CITATION. <div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">TO ABATE</div>	\$54,450	45 Days	
 Safety Engineer/Industrial Hygienist	 District Manager/Sr. Industrial Hygienist	17. \$54,450.00	Total Additional Penalty

Payment of all penalties shown is to be made by check or money order payable to "Cal/OSHA".

RETURN ONE COPY AND THIS NOTICE WITH YOUR REMITTANCE AND MAIL TO:

DEPARTMENT OF INDUSTRIAL RELATIONS
 CASHIER, ACCOUNTING OFFICE
 P.O. Box 420603
 San Francisco, CA 94142-0603

Make Check or Money Order Payable to "Cal/OSHA"
 Indicate Inspection Number on Remittance

EMPLOYER 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. Employees who believe they have been discriminated against may file a complaint no later than 30 days after the discrimination with the State Labor Commissioner.

NOTICE TO EMPLOYERS - An employee or employee representative may contest in writing to the California Occupational Safety and Health Appeals Board the reasonableness of the abatement period within 15 working days from the date of issuance of the citation. Forms for use in presenting appeals to the Board are available from district offices, Division of Occupational Safety and Health, or from the Appeals Board.

APPEAL RIGHTS

You must notify the Appeals Board *within 15 working days* after receipt of this citation of your intent to contest any item of the citation or the citation as a whole, outlining the grounds for the appeal which may include existence of the alleged violation(s), reasonableness of the abatement rate(s), reasonableness of the abatement change(s), or the proposed civil penalty(ies).

Appeal forms are available from district office of the Division of Occupational Safety and Health or from the Appeals Board:

CALIFORNIA APPEALS BOARD
2520 Venture Oaks Way, Suite 300
Sacramento, California 95833
Telephone: (916) 274-5751 or (877) 252-1987
Fax: (916) 274-6786

PLEASE NOTE: An informal conference with the Division of Occupational Safety and Health does not constitute an appeal and does not stay the 15 working day appeal period.

When preparing your appeal forms, please make sure to attach a copy of the document you are appealing.

**EMPLOYER'S SIGNED STATEMENT OF ABATEMENT OF
REGULATORY AND/OR GENERAL VIOLATIONS**

EMPLOYER: **COKER EQUIPMENT, INC**
ADDRESS: **PO BOX 81378**
LAS VEGAS, NV 89180

The law requires that violations observed during the inspection/investigation completed on 04/22/2014 of the place of employment located at 11195 WESTVIEW PARKWAY, SAN DIEGO, CA be corrected within the time limit specified. Please notify the Division as soon as these conditions have been corrected by returning this completed form. Your response by completing, signing and mailing this form to the issuing office on or before the compliance date may avoid a follow-up inspection of your facilities. **Failure to timely complete and return this form may result in issuance of a citation and civil penalty for violation of 8CCR 340.4(c).**

NOTE: This form does not serve as a request for a time extension. If there are serious problems beyond your control that prevent meeting a specified abatement date, contact the Division early, well within the 15-day limit allowed for an appeal.

PLEASE COMPLETE AND MAIL TO: 7575 METROPOLITAN DR., STE. 207,
SAN DIEGO, CA 92108 BY MAY 11, 2014.

This signed statement or a summary shall be posted for three (3) working days at or near each place the regulatory and/or general violation(s) referred to in the citation occurred.

LIST THE SPECIFIC MEASURES & EQUIPMENT TAKEN TO CORRECT EACH CITATION & ITEM NUMBER OF THE UNSAFE CONDITIONS AND DATE OF ABATEMENT.

[] Continued on additional page

All affected employees and their representatives have been informed about abatement activities referenced in this document in conformance with 8CCR Section 340.4(g). [] Yes [] NO

This certifies that all unsafe conditions listed in the Division's citation dated April 28, 2014 have now been corrected and all submitted abatement information is accurate.

Signature: _____ Date: _____

Name: _____ Title: _____

OFFICE USE ONLY	
Division Engineer/Industrial Hygienist: _____	Date _____
District Manager: _____	Date _____
[] Close/Comments	
Region <u>3</u> District <u>2</u> Inspection No. <u>317230753</u> Identification No. <u>C8141</u> Cal/OSHA Rpt. No. & Fiscal Year <u>018-14</u>	