

State of California
Division of Occupational Safety and Health
West Covina District Office (0950636; 4036)
1906 West Garvey Avenue South, Suite 200
West Covina, CA 91790

Inspection Number: 312662125
Inspection Dates: 10/08/2009-04/05/2010
Issuance Date: 04/05/2010
CSHO ID: J9817
Optional Inspection Nbr: 010 010



Citation and Notification of Penalty

Company Name: I-COAT COMPANY, LLC
Inspection Site: 12020 MORA DR STE 2, SANTA FE SPRINGS, CA 90670

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

T8CCR 342(a). Reporting Work-Connected Fatalities and Serious Injuries.

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.

The employer did not report the serious hand injury that occurred on September 24, 2007, which resulted in a partial thumb amputation on or about 10/17/07, to the Division.

The Division first learned of the accident on or about October 5, 2009.

Date By Which Violation Must be Abated:
Proposed Penalty:

04/11/2010
\$ 5000.00

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

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

T8CCR 5194(f)(4). Labels and Other Forms of Warning.

Except as provided in sections 5194(f)(5) and (f)(6) the employer shall ensure that each container of hazardous substances in the workplace is labeled, tagged, or marked with the following information:

- (A) Identity of the hazardous substance(s) contained therein; and
- (B) Appropriate hazard warnings.

On 10/08/09 the Division observed unlabeled containers containing the hazardous substances listed below in Room P-205. The substances were being used by employees in their regular course of work.

- " A 6-gal container containing ARS 670 solution, with a pH of 1-2;
- " A 900 ml container containing alcohol solution

On 03/26/10 the Division observed a container labeled "50/50" within the HF stripping station lab hood. According to the employer, the "50/50" label identified aqueous solution of HF composed of equal parts of concentrated HF and water.

However, the employee working at the station stated that he regularly refilled the referenced container with concentrated HF, exclusively. When referring to the container, the employee described its contents as concentrated HF. Other employees assigned to work at the same station used the contents in the container.

On 03/26/10, the Coating Production Manager explained to the Division that a change in operation consisting of limiting HF stripping within the lab booth to hard coating only explained the contents in the "50/50" as HF concentrate. The "50/50" solution was used during stripping of anti-reflective lens coating, an operating that had been transferred out of the HF lab booth by the employer.

Date By Which Violation Must be Abated: 04/12/2010
Proposed Penalty: \$ 675.00

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

CCRT8 14300.7(b)(3) General Recording Criteria.

When an injury or illness involves one or more days away from work, you must record the injury or illness on the Cal/OSHA Form 300 with a mark in the space for cases involving days away and an entry of the number of calendar days away from work in the number of days column. If the employee is out for an extended period of time, you must enter an estimate of the days that the employee will be away, and update the day count when the actual number of days is known.

On January 6, 2010, the Employer did not update its 2007 Log 300 to reflect the total number of lost work days attributable to an employee injured with hydrofluoric acid during lens stripping operations on September 24, 2007.

Date By Which Violation Must be Abated:
Proposed Penalty:

04/12/2010
\$ 450.00

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Company Name: I-COAT COMPANY, LLC
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Citation 2 Item 1 Type of Violation: **Serious Willful**

T8CCR 3203(a)(6). Injury and Illness Prevention Program.

Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program). The Program shall be in writing and, shall, at a minimum:

(6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:

(A) When observed or discovered; and,

(B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.

The Employer did not report a serious hand injury that occurred on 09/24/07 to the Division of Occupational Safety and Health. The Division first learned of the accident on or about October 5, 2009.

On 10/08/09 the Division observed that the Employer had not complied with subsection T8CCR 3203(a) (6), as cited above, thereby rendering its Program ineffective, in that Employer did not implement and maintain procedures to correct the unsafe and unhealthy employee exposure to hydrofluoric acid.

From 11/03/05 through 09/24/07, inclusive, the employer provided employees engaged in stripping optical lens coatings using Hydrofluoric Acid (HF) with hand protection consisting of latex (exam-type) gloves.

The overall HF stripping procedure includes dipping the whole lens (i.e. prior to reducing the lens to its final size and shape) in plastic containers with HF for a period of time ranging from 10 to 30 seconds, depending on the type of coating being stripped. The lens was retrieved from the solution manually as the worker placed his double gloved hand

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

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Citation and Notification of Penalty

Company Name: I-COAT COMPANY, LLC
Inspection Site: 12020 MORA DR STE 2, SANTA FE SPRINGS, CA 90670

into the HF. This retrieval method, added to the action of rubbing the lens surfaces with paper tissue, exposed the employee to the dual hazards of cuts through the gloves to the fingers, and then skin contact with HF.

The referenced hand protection, provided by the Employer during the 2005-2007 period, was not appropriate for the hazards employees were exposed to. The work scenario mentioned above describes the general circumstances that led to four (4) different incidents of employee injuries by contact with HF, as documented in employer Log 300 for 2005, 2006 and 2007.

On September 24, 2007, the fourth incident resulted in a serious injury to the affected employee when on or about October 17, 2007 his right thumb was partially amputated, via surgery, to the distal joint after medical intervention efforts begun on 09/24/07 to stop the progression of HF-induced damage to the bone were unsuccessful. Two additional surgical procedures were needed before the progression of bone damage was stopped.

Soon after the 9-24-07 injury, the employer added two different types of thicker gloves to be worn by employees over the original latex gloves (exam type) during the lens stripping procedure. The addition of the two thicker gloves did not eliminate the hazards. Employees continued to experience damage to gloves, with subsequent contact to HF. On 12-20-07, an employee complained to the employer of skin damage with HF and was referred to Employer's medical clinic. On 12/21/07, medical staff at the clinic administered two 1cc injections each of calcium gluconate to the employee's left wrist and left middle finger. According to the employer, it did not record the incident to its 2007 Log 300 given the clinic's characterization of its intervention as first aid.

Date By Which Violation Must be Abated: 04/12/2010
Proposed Penalty: \$ 60750.00

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Citation and Notification of Penalty

Company Name: I-COAT COMPANY, LLC
Inspection Site: 12020 MORA DR STE 2, SANTA FE SPRINGS, CA 90670

Citation 3 Item 1 Type of Violation: **SERIOUS** Willful/Accident-Related

T8CCR 3384(a). Hand Protection.

Hand protection shall be required for employees whose work involves unusual and excessive exposure of hands to cuts, burns, harmful physical or chemical agents or radioactive materials which are encountered and capable of causing injury or impairments.

The Employer did not report a serious hand injury that occurred on 09/24/07 to the Division of Occupational Safety and Health. The Division first learned of the accident on or about October 5, 2009.

From 11/03/05 through 09/24/07, inclusive, the employer provided employees engaged in stripping optical lens coatings with Hydrofluoric Acid (HF) with hand protection consisting of latex (exam-type) gloves, worn by employees in double layers.

The overall HF stripping procedure includes dipping the whole lens (i.e. prior to reducing the lens to its final size and shape) in plastic containers with HF for a period of time ranging from 10 to 30 seconds, depending on the type of coating being stripped. The lens was retrieved from the solution manually as the worker placed his double gloved hand into the HF. This retrieval method, added to the action of rubbing the lens surfaces with paper tissue, exposed the employee to the dual hazards of cuts through the gloves to the fingers, and then skin contact with HF.

The referenced hand protection, provided by the Employer during the 2005-2007 period, was not appropriate for the hazards employees were exposed to. The work scenario mentioned above describes the general circumstances that led to four (4) different incidents of employee injuries by contact with HF, as documented in employer Log 300 for 2005, 2006 and 2007.

On September 24, 2007, the fourth incident resulted in a serious injury to the affected employee when on or about October 17, 2007 his right thumb was partially amputated, via surgery, to the distal joint after medical intervention efforts, begun on 09/24/07 to stop the

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Citation and Notification of Penalty

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Inspection Site: 12020 MORA DR STE 2, SANTA FE SPRINGS, CA 90670

progression of HF-induced damage to the bone, were unsuccessful. Two additional surgical procedures were needed before the progression of bone damage was stopped.

Soon after the 9-24-2007 injury, the employer added two different types of thicker gloves to be worn by employees over the original latex gloves (exam type) during the lens stripping procedure. The addition of the two thicker gloves did not eliminate the hazards. Employees continued to experience damage to gloves, with subsequent contact to HF. On 12/20/07, an employee complained to the employer of skin damage with HF and was referred to Employer's medical clinic. On 12/21/07, medical staff at the clinic administered two 1cc injections each of calcium gluconate to the employee's left wrist and left middle finger. According to the employer, it did not record the incident to its 2007 Log 300 given the clinic's characterization of its intervention as first aid.

Date By Which Violation Must be Abated:
Proposed Penalty:

04/12/2010
\$ 70000.00

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State of California
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Inspection Number: 812662125
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Issuance Date: 04/05/2010
CSHO ID: J9817
Optional Inspection Nbr: 010 010



Citation and Notification of Penalty

Company Name: I-COAT COMPANY, LLC
Inspection Site: 12020 MORA DR STE 2, SANTA FE SPRINGS, CA 90670

Citation 4 Item 1 Type of Violation: **Serious**

T8CCR 5162(a) Emergency Eyewash and Shower Equipment.

An emergency shower which meets the requirements of section 4 or 9 of ANSI Z358.1-1981, incorporated herein by reference, shall be provided at all work areas where, during routine operations or foreseeable emergencies, area of the body may come into contact with a substance which is corrosive or severely irritating to the skin or which is toxic by skin absorption.

On, and before, 10/08/09 the employer did not provide an emergency shower to employees working in Room P-205 where corrosive substances were being used by employees in their regular course of work.

Laboratory analyses of the materials sampled by the Division showed the following results:

1. P-205 solution - pH of 11.0
2. Tank labeled NaOH adjacent to P-205 ultrasonic tanks, showed a pH of 12.0
3. Hydrofluoric acid, bottle strength, showed a pH of 0.00
4. Hydrofluoric acid diluted with water showed a pH of 0.00

Date By Which Violation Must be Abated:
Proposed Penalty:

Abated
\$ 6075.00

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Inspection Site: 12020 MORA DR STE 2, SANTA FE SPRINGS, CA 90670



Compliance Officer/^{Acting For} 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
1906 West Garvey Avenue South, Suite 200
West Covina, CA 91790
Telephone: (626) 472-0046 Fax: (626) 472-7708

CORRECTED - NOTICE OF PROPOSED PENALTIES

Company Name: I-COAT COMPANY,LLC
Inspection Site: 12020 MORA DR STE 2, SANTA FE SPRINGS, CA 90670
Mailing Address: 12020 MORA DR STE 2, SANTA FE SPRINGS, CA 90670
Issuance Date: 04/05/2010

Index Code: 4036

Summary of Penalties for Inspection Number 312662125

Citation 1, Regulatory	= \$	6125.00
Citation 2, Serious	= \$	60750.00
Citation 3, Serious	= \$	70000.00
Citation 4, Serious	= \$	6075.00
TOTAL PROPOSED PENALTIES	= \$	142950.00

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 by credit card (MasterCard and Visa): 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 to Proposed Penalties, the Penalty Remittance Form, along with a copy of the Citation and Notification of Penalty to:

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
