

U.S. Department of Labor
Occupational Safety and Health Administration
200 N. High Street
Room 620
Columbus, OH 43215



Citation and Notification of Penalty

To:
Nationwide Children's Hospital
and its successors
700 Childrens Drive
Columbus, OH 43205

Inspection Number: 1635795
Inspection Date(s): 11/25/2022 - 05/19/2023
Issuance Date: 05/22/2023

Inspection Site:
444 Butterfly Gardens Drive
Columbus, OH 43215

7021 2720 0001 5906 9777

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 (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty **you either call to schedule an informal conference (see paragraph below) or** you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period by calling (614) 469-5582. During such an informal conference, you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

If you decide to request an informal conference, please complete, remove and post the Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. 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 informal settlement agreement which amicably resolves this matter without litigation or contest.

Right to Contest – You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. **Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.**

Penalty Payment – Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to “DOL-OSHA”. Please indicate the Inspection Number on the remittance. You can also make your payment electronically at www.pay.gov. At the top of the [pay.gov](http://www.pay.gov) homepage, type "OSHA" in the Search field and select Search. From **OSHA Penalty Payment Form** search result, select Continue. The direct link is:

<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>

You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$25,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

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

Notification of Corrective Action – For each violation which you do not contest, you must provide *abatement certification* to the Area Director of the OSHA office issuing the citation and identified above. This abatement certification is to be provided by letter within 10 calendar days after each abatement date. Abatement certification includes the date and method of abatement. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item. The abatement certification letter must be posted at the location where the violation appeared and the corrective action took place or employees must otherwise be effectively informed about abatement activities. A sample abatement certification letter is enclosed with this Citation. In addition, where the citation indicates that *abatement documentation* is necessary, evidence of the purchase or repair of equipment, photographs or video, receipts, training records, etc., verifying that abatement has occurred is required to be provided to the Area Director.

Employer Discrimination Unlawful – The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

Employer Rights and Responsibilities – The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

Notice to Employees – The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.

Inspection Activity Data – You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office.



NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 05/22/2023. The conference will be held by telephone or at the OSHA office located at 200 N. High Street, Room 620, Columbus, OH 43215 on _____ at _____.

_____. Employees and/or representatives of employees have a right to attend an informal conference.

CERTIFICATION OF CORRECTIVE ACTION WORKSHEET

Inspection Number: 1635795

Company Name: Nationwide Children's Hospital
Inspection Site: 444 Butterfly Gardens Drive, Columbus, OH 43215
Issuance Date: 05/22/2023

List the specific method of correction for each item on this citation in this package that does not read "Corrected During Inspection" and return to: **U.S. Department of Labor – Occupational Safety and Health Administration, 200 N. High Street, Room 620, Columbus, OH 43215.**

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

I certify that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement.

Signature

Date

Typed or Printed Name

Title

NOTE: 29 USC 666(g) whoever knowingly makes any false statements, representation or certification in any application, record, plan or other documents filed or required to be maintained pursuant to the Act shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment of not more than 6 months or both.

POSTING: A copy of completed Corrective Action Worksheet should be posted for employee review



Citation and Notification of Penalty

Company Name: Nationwide Children's Hospital
Inspection Site: 444 Butterfly Gardens Drive, Columbus, OH 43215

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

OSH ACT of 1970 Section (5)(a)(1): The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees in that employees, including nurses and mental health specialists, were exposed to workplace violence in the form of repeated and consistent exposure to violent attacks from patients which resulted in serious injuries:

Behavioral Health Pavilion - Nationwide Children's Hospital: On or about November 24, 2022, and times prior and thereafter, during the admission process and while providing inpatient care to patients, nurse(s) and mental health specialist(s) were exposed to the hazard of workplace violence including, but not limited to, sexual and physical assaults such as, groping, biting, kicking, punching, head-butting and scratching that resulted in serious physical injuries such as, lacerations, contusions, sprains, strains, headaches, and concussions.

Feasible methods of control may include engineering controls and administrative controls, such as but not limited to the following:

- 1. Develop and implement a written workplace violence prevention program that is specific to the conditions and hazards at the Behavioral Health Pavilion at Nationwide Children's Hospital (NCH-BHP) involving patient-on-staff incidents.** Designate a responsible person(s) to evaluate and assess workplace violence (WPV) incidents and trends (e.g. identify risks and determine the existence of injury clusters related to a location, activity, or type of patient) and modify the WVPP accordingly. Ensure clear policies and procedures on hazard/threat assessments, controls, prevention strategies, employee training and education, and incident reporting and investigation. Perform investigations to include all available information, such as, CS STARS reports, Code Violet tracking, and injury reports, for root cause analysis and for use in identifying trends. Include employees from all shifts to participate in the development, implementation, and maintenance of the program. Train all staff on the program policies and procedures. Review the plan annually, or more often if needed, updating it based on the findings from the review.
- 2. Develop and implement specific written procedures for employees to take when encountering or responding to an incident of workplace violence.** Describe the necessary steps for employees to initiate and respond to calls for assistance; initiate and respond to codes; and to engage protective services, law enforcement, and/or emergency responders. Describe the specific circumstances that warrant employees to initiate such response. Train employees on the specific procedures to ensure everyone understands their roles and responsibilities (e.g., familiarize employees with and reinforce proper procedures by implementing drills).

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



Citation and Notification of Penalty

Company Name: Nationwide Children's Hospital
Inspection Site: 444 Butterly Gardens Drive, Columbus, OH 43215

3. Maintain staffing that is adequate to safely address changes in patient acuity and patient census. Staffing levels must allow for safety of staff during patient admission, assistance in patient de-escalation, patient behavioral emergencies, patient restraints, 1:1 patient-staff assignment, staff breaks, and times when assigned staff are off the unit. On each shift, ensure there are sufficient designated staff available to respond to calls for assistance in patient de-escalation, Code Violets and patient aggression. Ensure that staffing levels are adequate so that patient units remain safe even after employees leave to respond to a code. Consider assigning a protective services staff member for each of the behavioral health units, dedicated to responding to patient aggression. Ensure availability of Protective Services for response during the occurrence of multiple workplace violence incidents occurring simultaneously within the BHP.

4. Develop and implement standardized patient admission protocols to address patient on staff workplace violence. Revise existing policies, such as BHP010 Standardized Patient Handoff, to require WPV-related information to be included in the patient chart. Include documented information related to patient aggression based on violent behavior history, records from previous stays in the facility, admittance information from local police and emergency medical services, details on behavioral triggers and required personal protective equipment for staff. Ensure the WPV-related information is updated in real time when increased aggression or violence are observed. Communicate the WPV-related information in real time to affected staff, such as, protective services and mental health specialists, through electronic resources, or specific documents developed for this purpose. Flag patients' charts during the admission procedure for staff use when increased risk for patient-on-staff violence is present.

5. Develop and implement post-incident policies and procedures to ensure staff are assessed for injuries sustained during a WPV incident (e.g., concussion protocol) and can safely return to work. Ensure staff are trained on these policies and procedures. The policy should clearly state that there is no retaliation for employees reporting WPV incidents.

6. Implement controls to prevent patients from using furniture as weapons (e.g., consider securing furniture or otherwise using weighted furniture) to prevent weaponization of the furniture).

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:
Proposed Penalty:

June 26, 2023
\$15,625.00

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Citation and Notification of Penalty

Company Name: Nationwide Children's Hospital
Inspection Site: 444 Butterfly Gardens Drive, Columbus, OH 43215

Citation 2 Item 1 Type of Violation: **Other-than-Serious**

29 CFR 1904.29(b)(2): What do I need to do to complete the OSHA 301 Incident Report? You must complete an OSHA 301 Incident Report form, or an equivalent form, for each recordable injury or illness entered on the OSHA 300 Log:

- a. On January 3, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0127640. The employer did not complete fields 6, 8, and "Completed By" on the OSHA 301 form.
- b. On January 3, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0127755. The employer did not complete fields 2, 4, 6, 8, 9, 12, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.
- c. On January 3, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0127717. The employer did not complete fields 6, 8, 9, 15, and "Completed By" on the OSHA 301 form.
- d. On January 4, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0127720. The employer did not complete fields 6, 8, 9, 15, and "Completed By" on the OSHA 301 form.
- e. On January 4, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0127704. The employer did not complete fields 6, 8, 9, 15, and "Completed By" on the OSHA 301 form.
- f. On January 4, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0127709. The employer did not complete fields 6, 8, 15, and "Completed By" on the OSHA 301 form.
- g. On January 4, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0127688. The employer did not complete fields 4, 6, 8, 9, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

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Citation and Notification of Penalty

Company Name: Nationwide Children's Hospital

Inspection Site: 444 Butterfly Gardens Drive, Columbus, OH 43215

- h. On January 5, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0127771. The employer did not complete fields 6, 8, 15, and "Completed By" on the OSHA 301 form.
- i. On January 13, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0128282. The employer did not complete fields 6, 8, 9, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.
- j. On January 16, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0128399. The employer did not complete fields 4, 6, 8, 15, and "Completed By" on the OSHA 301 form.
- k. On January 16, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0128243. The employer did not complete fields 6, 8, 9, 15, and "Completed By" on the OSHA 301 form.
- l. On January 17, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0128312. The employer did not complete fields 6, 7, 8, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.
- m. On January 17, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0128488. The employer did not complete fields 6, 7, 8, and "Completed By" on the OSHA 301 form. The employer did not accurately complete fields 14 and 15 on the OSHA 301 form.
- n. On January 19, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0128463. The employer did not complete fields 6, 8, 15, and "Completed By" on the OSHA 301 form.
- o. On January 23, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0128572. The employer did not complete fields 6, 8, 15, and "Completed By" on the OSHA 301 form.
- p. On January 25, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0128703. The employer did not complete fields 6, 7, 8, 14, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.
- q. On January 25, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0128715. The employer did not complete fields 6, 8, 9, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

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Citation and Notification of Penalty

Company Name: Nationwide Children's Hospital

Inspection Site: 444 Butterfly Gardens Drive, Columbus, OH 43215

r. On January 30, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0123-0129145. The employer did not complete fields 6, 7, 8, 15, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 17 on the OSHA 301 form.

s. On February 1, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129072. The employer did not complete fields 6, 8, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

t. On February 2, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129157. The employer did not complete fields 6, 8, 9, 15, and "Completed By" on the OSHA 301 form.

u. On February 3, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0130094. The employer did not complete fields 6, 8, 8, 15, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 17 on the OSHA 301 form.

v. On February 5, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129286. The employer did not complete fields 6, 7, 8, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

w. On February 5, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129524. The employer did not complete fields 7, 8, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

x. On February 6, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129343. The employer did not complete fields 6, 8, 9, 15, and "Completed By" on the OSHA 301 form.

y. On February 6, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129274. The employer did not complete fields 6, 8, 9, 15, and "Completed By" on the OSHA 301 form.

z. On February 7, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129376. The employer did not complete fields 4, 6, 8, 9, and "Completed By" on the OSHA 301 form. The employer did not accurately complete fields 15 and 16 on the OSHA 301 form.

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Citation and Notification of Penalty

Company Name: Nationwide Children's Hospital
Inspection Site: 444 Butterfly Gardens Drive, Columbus, OH 43215

a(2). On February 9, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129487. The employer did not complete fields 8, 12, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

b(2). On February 9, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129153. The employer did not complete fields 6, 8, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

c(2). On February 9, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129515. The employer did not complete fields 6, 8, 9, 15, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

d(2). On February 14, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129743. The employer did not complete fields 6, 7, 8, 15, 17, and "Completed By" on the OSHA 301 form.

e(2). On February 15, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129763. The employer did not complete fields 6, 7, 8, 15, and "Completed By" on the OSHA 301 form.

f(2). On February 16, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0129829. The employer did not complete fields 4, 6, 8, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

g(2). On February 22, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0130195. The employer did not complete fields 4, 6, 8, 15, and "Completed By" on the OSHA 301 form.

h(2). On February 23, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0130255. The employer did not complete fields 6, 8, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

i(2). On February 23, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0130267. The employer did not complete fields 6, 8, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

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Citation and Notification of Penalty

Company Name: Nationwide Children's Hospital
Inspection Site: 444 Butterfly Gardens Drive, Columbus, OH 43215

j(2). On February 26, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0130383. The employer did not complete fields 6, 8, 9, 15, and "Completed By" on the OSHA 301 form.

k(2). On February 28, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0223-0130505. The employer did not complete fields 6, 8, 15, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

l(2). On March 2, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0323-0130607. The employer did not complete fields 6, 8, 9, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 15 on the OSHA 301 form.

m(2). On March 8, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0323-0130980. The employer did not complete fields 6, 8, 15, and "Completed By" on the OSHA 301 form.

n(2). On March 4, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0323-0130837. The employer did not complete fields 6, 7, 8, 9, and "Completed By" on the OSHA 301 form.

o(2). On March 11, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0323-0131806. The employer did not complete fields 6, 8, 15, and "Completed By" on the OSHA 301 form.

p(2). On March 11, 2023, the employer recorded a work-related injury that occurred at the workplace, case number EMP-0323-0131088. The employer did not complete fields 6, 7, 8, 15, and "Completed By" on the OSHA 301 form. The employer did not accurately complete field 14 on the OSHA 301 form.

Date By Which Violation Must be Abated:
Proposed Penalty:

June 26, 2023
\$2,455.00

A handwritten signature in blue ink that reads "Larry M. Johnson".

Larry M. Johnson
Area Director

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

U.S. Department of Labor
Occupational Safety and Health Administration
200 N. High Street
Room 620
Columbus, OH 43215



**INVOICE /
DEBT COLLECTION NOTICE**

Company Name: Nationwide Children's Hospital
Inspection Site: 444 Butterfly Gardens Drive, Columbus, OH 43215
Issuance Date: 05/22/2023

Summary of Penalties for Inspection Number: 1635795

Citation 1 Item 1, Serious	\$15,625.00
Citation 2 Item 1, Other-than-Serious	\$2,455.00

TOTAL PROPOSED PENALTIES: **\$18,080.00**

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: "DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance. You can also make your payment electronically at www.pay.gov. At the top of the pay.gov homepage, type "OSHA" in the Search field and select Search. From the **OSHA Penalty Payment Form** search result, select Continue. The direct link is: <https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>. You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$25,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

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

If a personal check is issued, it will be converted into an electronic fund transfer (EFT). This means that our bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will then usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. The bank will destroy your original check, but will keep a copy of it. If the EFT cannot be completed because of insufficient funds or closed account, the bank will attempt to make the transfer up to two times.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

Interest: Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is one percent (1%). Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

Delinquent Charges: A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

Administrative Costs: Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.



Larry M. Johnson
Area Director

05/22/2023

Date