



TOSHA INSTRUCTION

TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
DIVISION OF OCCUPATIONAL SAFETY & HEALTH

DIRECTIVE NUMBER: CPL-TN 02-00-040 | EFFECTIVE DATE: July 30, 2010

**SUBJECT: TOSHA Standard Alleged Violation Element (SAVEs) Manual for
Department of Labor and Workforce Development Rules**

ABSTRACT

PURPOSE: To transmit subject Standard Alleged Violation Element (SAVEs) Manual to compliance staff and field personnel.

SCOPE: This instruction applies to TOSHA compliance inspections.

CANCELLATIONS: TOSHA Instruction CPL-TN 02-00-39, TOSHA Standard Alleged Violation Elements (SAVEs) Manual for Department of Labor and Workforce Development Rules, January 29, 2004.

SIGNIFICANT CHANGES: Two (2) new SAVEs (TDL 4.05 and TDL 10.02) have been added; and the rule number to SAVE TDL 3.06 was corrected to read 0800-01-03-.03(27)(b)9. All Rule numbers have been updated to reflect the current format for rule numbering.

BACKGROUND: This instruction contains the Standard Alleged Violation Elements (SAVEs) that are designed to assist compliance officers in the development of citations for violations of the Rules of the Department of Labor and Workforce Development Division of Occupational Safety and Health 0800-01-01 through 0800-01-10. Also included are SAVEs for violation of the General Duty Clause of the TOSHA Law T.C.A. §50-3-105(1).

For each of the SAVEs contained in this instruction, a Microsoft Word version and a WordPerfect Notebook version (NCR SAVEs) have been created. This title for each has been provided. The NCR SAVEs are located on the NCR computer in the SAVEs Notebook under the title of "SAVEs – Other Local Saves."

GENERAL: This instruction contains the full text of each SAVE as it appears on the NCR computer. If citations are created on the user's personal computer (PC), this directive should be loaded on the PC be used during the citation creation process. Using Word's "Edit-Find" and "Copy-Paste" features should make this document a useful tool in assisting to write regulatory violations.

A reference document "TOSHA STANDARDS NCR-TABLE ENTRY FORMAT" is included at the end of this instruction and contains the proper data entry format for entering violations in the NCR computer system "Violations Table".

EFFECTIVE DATE: This instruction becomes effective immediately and remains in effect until further notice.

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| 1. | Word SAVE – TCA 1.01 General Duty Clause.doc NCR SAVE – TCA 1.01 |
| <p>T.C.A. §50-3-105(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 were exposed to:</p> <p>(a) IDENTIFY THE HAZARD(S); DESCRIBE THE CONDITIONS OR PRACTICES WHICH ARE CREATING THE HAZARD. IDENTIFY THE SPECIFIC OPERATION INVOLVED AND LOCATION. PROVIDE ONE ABATEMENT METHOD WHICH IS ACCEPTABLE TO CORRECT THE HAZARD. THE STATEMENT WOULD READ:</p> <p>“AMONG OTHER METHODS, ONE FEASIBLE AND ACCEPTABLE ABATEMENT METHOD TO CORRECT THIS HAZARD IS...”</p> <p>NOTE: See the TOSHA Field Operations Manual (FOM) for guidance on the use of the "General Duty Clause", especially for defining the hazard.</p> | |
| 2. | Word SAVE – TDL 1.01 Air Contaminant Above TWA-STEL-CEILING.doc NCR SAVE – TDL 1.01 |
| <p>TDLWD Rule 0800-01-01-.07(2)(b)1.: Employee(s) were exposed to an airborne concentration of (IDENTIFY MATERIAL) listed in Table Z-1-A in excess of: ENTER THE APPROPRIATE OPTION:</p> <p>OPTION 1 _____ as an 8-hour Time Weighted Average concentration:</p> <p>OPTION 2 _____ as a 15-minute Short-Term Exposure Limit concentration:</p> <p>OPTION 3 _____ as a Ceiling Limit concentration:</p> <p>(a) (LOCATION) (IDENTIFY SPECIFIC OPERATIONS AND/OR DEPARTMENTS AND THE NUMBER OF EMPLOYEES EXPOSED) (DESCRIBE CONDITIONS AND EXPOSURE LEVELS, SHIFT, AND DATE)</p> <p>NOTE: THIS SAVE MUST BE GROUPED WITH THE SAVE FOR 0800-1-1-.07(2)(d) Engineering Controls AND/OR, WHERE APPROPRIATE RESPIRATORS WERE NOT PROVIDED OR WERE USED IMPROPERLY, THE APPROPRIATE SAVE(S) FROM 29 CFR 1910.134 TO INDICATE WHAT CORRECTIONS WERE REQUIRED.</p> | |
| 3. | Word SAVE – TDL 1.02 Air Contaminant Skin Designation.doc NCR SAVE – TDL 1.02 |
| <p>TDLWD Rule 0800-01-01-.07(2)(b)2.: Employee(s) skin exposure to (IDENTIFY MATERIAL) listed in Table Z-1-A with an “X” in the Skin Designation column was not prevented or reduced to the extent necessary through the use of gloves, coveralls, goggles, or other appropriate personal protective equipment, engineering controls, or work practices:</p> <p>(a) (LOCATION) (IDENTIFY SPECIFIC OPERATIONS AND/OR DEPARTMENTS AND THE NUMBER OF EMPLOYEES EXPOSED) (DESCRIBE CONDITIONS AND</p> | |

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| EXPOSURE LEVELS, SHIFT, AND DATE) | |
| 4. | <p>Word SAVE – TDL 1.03 Air Contaminant More Than One Substance.doc NCR SAVE – TDL 1.03</p> <p>TDLWD Rule 0800-01-01-.07(2)(c): Employee(s) were exposed in excess of 8-hour Time Weighted Average concentrations to more than one substance for which 8-hour Time Weighted Average limits are listed in 0800-01-01-.07(3) Table Z-1-A, as determined by the computational formula specified in 0800-01-01-.07(2)(c)3.:</p> <p>(a) (LOCATION) (IDENTIFY SPECIFIC OPERATIONS AND/OR DEPARTMENTS AND THE NUMBER OF EMPLOYEES EXPOSED) (DESCRIBE CONDITIONS AND EXPOSURE LEVELS, SHIFT, AND DATE) (SHOW DETAILED COMPUTATIONS BASED ON THE ADDITIVE FORMULA)</p> <p>NOTE: THIS SAVE MUST BE GROUPED WITH THE SAVE FOR 0800-01-01-.07(2)(d) Engineering Controls AND/OR, WHERE APPROPRIATE RESPIRATORS WERE NOT PROVIDED OR WERE USED IMPROPERLY, THE APPROPRIATE SAVE(S) FROM 29 CFR 1910.134 TO INDICATE WHAT CORRECTIONS WERE REQUIRED.</p> |
| 5. | <p>Word SAVE – TDL 1.04 Air Contaminant Engineering Controls.doc NCR SAVE – TDL 1.04</p> <p>TDLWD Rule 0800-01-01-.07(2)(d): Feasible administrative or engineering controls were not determined and implemented to achieve compliance with the limits prescribed in 0800-01-01-.07(2)(b) and (c):</p> <p>(a) (LOCATION) (IDENTIFY SPECIFIC OPERATIONS AND/OR DEPARTMENTS AND THE NUMBER OF EMPLOYEES EXPOSED) (DESCRIBE CONDITIONS AND EXPOSURE LEVELS, SHIFT, AND DATE)</p> <p>ABATEMENT NORMALLY WILL BE MULTISTEP AS FOLLOWS:</p> <p>STEP 1: EFFECTIVE RESPIRATORY PROTECTION SHALL BE PROVIDED AND USED BY EXPOSED EMPLOYEES AS AN INTERIM PROTECTIVE MEASURE UNTIL FEASIBLE ENGINEERING AND/OR ADMINISTRATIVE CONTROLS CAN BE IMPLEMENTED, OR WHENEVER SUCH CONTROLS FAIL TO REDUCE EMPLOYEE EXPOSURE TO WITHIN PERMISSIBLE EXPOSURE LIMITS.</p> <p>STEP 2: SUBMIT TO THE AREA SUPERVISOR A WRITTEN, DETAILED PLAN OF ABATEMENT OUTLINING A SCHEDULE FOR THE IMPLEMENTATION OF ENGINEERING AND/OR ADMINISTRATIVE MEASURES TO CONTROL EMPLOYEE EXPOSURE TO HAZARDOUS SUBSTANCES AS REFERENCED IN THIS CITATION. THIS PLAN SHALL INCLUDE, AT A MINIMUM, TARGET DATES FOR THE FOLLOWING ACTIONS WHICH MUST BE CONSISTENT WITH THE ABATEMENT DATES REQUIRED BY THIS CITATION:</p> <p>EVALUATION OF ENGINEERING/ADMINISTRATIVE CONTROL OPTIONS;</p> <p>SELECTION OF OPTIMUM CONTROL METHODS AND COMPLETION OF DESIGN;</p> <p>PROCUREMENT, INSTALLATION AND OPERATION OF SELECTED CONTROL MEASURES; AND</p> |

TESTING AND ACCEPTANCE OR MODIFICATION/REDESIGN OF CONTROLS.

STEP 3: ABATEMENT SHALL HAVE BEEN COMPLETED BY THE IMPLEMENTATION OF FEASIBLE ENGINEERING AND/OR ADMINISTRATIVE CONTROLS UPON VERIFICATION OF THEIR EFFECTIVENESS IN ACHIEVING COMPLIANCE.

NOTE: ALL PROPOSED CONTROL MEASURES SHALL BE APPROVED FOR EACH PARTICULAR USE BY A COMPETENT INDUSTRIAL HYGIENIST OR OTHER TECHNICALLY QUALIFIED PERSON. NINETY (90) DAY PROGRESS REPORTS ARE REQUIRED DURING THE ABATEMENT PERIOD. (THE 90 DAY REQUIREMENT FOR THE SUBMISSION OF PROGRESS REPORTS MAY BE SHORTENED OR LENGTHENED BY THE AREA SUPERVISOR DEPENDING ON THE SPECIFIC CIRCUMSTANCES.)

6. | **Word SAVE** – TDL 3.01 No Records Maintained .doc
NCR SAVE – TDL 3.01

TDLWD Rule 0800-01-03-.03(27)(a): The log of all work-related injuries and illnesses (OSHA Form 300), and/or the summary of work-related injuries and illnesses, (OSHA Form 300-A), and/or the injury and illness incident report (OSHA Form 301) or equivalent forms were not maintained by the establishment:

(a) (IDENTIFY SPECIFICS AND/OR LOCATION)

Note: The employer shall not be cited where no records are kept and there have been no injuries or illnesses. See CPL 0-2.131; Chapter 2, Section II, B.1 & 2.

7. | **Word SAVE** – TDL 3.02 300 Log Maintenance.doc
NCR SAVE – TDL 3.02

TDLWD Rule 0800-01-03-.03(27)(b)1.: The log of all recordable work-related injuries and illnesses (OSHA Form 300 or equivalent), was not completed in the detail as required by the rule.

(a) (IDENTIFY SPECIFICS AND/OR LOCATION. REFERENCE APPROPRIATE SECTIONS OF 0800-01-03-.03(2) through 0800-01-03-.03(10). FOR EXAMPLE, INCORRECTLY RECORDED A DAYS AWAY CASE AS OTHER RECORDABLE CASE – 0800-01-03-.03(5)(b)3., OR INCORRECTLY RECORDED A RESTRICTED WORK/JOB TRANSFER CASE AS OTHER RECORDABLE CASE – 0800-01-03-.03(5)(b)4.)

8. | **Word SAVE** – TDL 3.03 301 Incident Report Maintenance.doc
NCR SAVE – TDL 3.03

TDLWD Rule 0800-01-03-.03(27)(b)2.: An incident report (OSHA Form 301 or equivalent) for each work-related injury or illness, was not completed in detail as required by the rule.

(a) (IDENTIFY LOCATION) WORKERS COMPENSATION, INSURANCE OR OTHER REPORTS ARE ACCEPTABLE ALTERNATIVE RECORDS IF THEY CONTAIN THE INFORMATION REQUIRED BY OSHA FORM 301, OR ARE SUPPLEMENTED TO DO SO.

9. | **Word SAVE** – TDL 3.04 Recording on Log/Incident Report 7 Days.doc
NCR SAVE – TDL 3.04

TDLWD Rule 0800-01-03-.03(27)(b)3.: Each recordable injury or illness was not entered on

the OSHA 300 Log and/or an incident report (OSHA Form 301 or equivalent) within seven (7) calendar days of receiving information that a recordable injury or illness has occurred:

(a) (IDENTIFY SPECIFICS AND/OR LOCATION) REFERENCE APPROPRIATE SECTIONS OF 0800-01-03-.03(2) through 0800-01-03-.03(10). FOR EXAMPLE, RESTRICTED WORK CASES PER 0800-1-3-.03(5)(b)4., NEEDLE STICK INJURIES PER 0800-01-03-.03(5)(b)8.

Note: See CPL 0-2.131; Chapter 2, Section II, B.1.

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| 10. | Word SAVE – TDL 3.05 Employee Name Removal-Privacy Cases.doc NCR SAVE – TDL 3.05 |
| TDLWD Rule 0800-01-03-.03-(27)(b)6.: Employee(s) names were not removed from the 300 Log when employee(s) experienced privacy concern cases. (a) (IDENTIFY SPECIFICS) | |
| 11. | Word SAVE – TDL 3.06 Employee Name Removal-Access to Others.doc NCR SAVE – TDL 3.06 |
| TDLWD Rule 0800-01-03-.03-(27)(b)9.: Employee names were not removed from the 300 Log when providing access to persons other than government representatives, employees, former employees or authorized representatives. (a) (IDENTIFY SPECIFICS) | |
| 12. | Word SAVE – TDL 3.07 Annual Summary Incomplete.doc NCR SAVE – TDL 3.07 |
| TDLWD Rule 0800-01-03-.04(3)(b)2.: The Summary of Work-Related Injuries and Illnesses (OSHA Form 300A or equivalent) was incomplete: (a) (STATE WHAT WAS FOUND INCOMPLETE UNDER SPECIFIC PARAGRAPHS) | |
| 13. | Word SAVE – TDL 3.08 Annual Summary Certified.doc NCR SAVE – TDL 3.08 |
| TDLWD Rule 0800-01-03-.04(3)(b)3.: The Summary of Work-Related Injuries and Illnesses (OSHA Form 300A or equivalent) was not properly certified: (a) (IDENTIFY SPECIFICS AND/OR LOCATION) Form 300A must be certified by the highest company executive in the establishment or at the corporate level. NOTE: The employer will not be cited if the Summary that is not certified reflects no injuries or illnesses, and no injuries or illnesses actually occurred. (see CPL 0-2.131: Chapter 2, Section II, B. 2.) | |
| 14. | Word SAVE – TDL 3.09 Employee Annual Summary Posting.doc NCR SAVE – TDL 3.09 |
| TDLWD Rule 0800-01-03-.04(3)(b)5.: The annual Summary of Work-Related Injuries and Illnesses (OSHA Form 300A or equivalent) was not posted in a conspicuous place or places where notices to employees are customarily posted: (a) (IDENTIFY SPECIFICS AND/OR LOCATION) TO BE USED ONLY IF SUMMARY WAS POSTED IN AN INCONSPICUOUS PLACE. | |
| 15. | Word SAVE – TDL 3.10 Annual Summary Posting.doc NCR SAVE – TDL 3.10 |

TDLWD Rule 0800-01-03-.04(3)(b)6.: The Summary of Work-Related Injuries and Illnesses (OSHA Form 300A or equivalent) for the previous year was not posted between February 1 and April 30.

(a) (IDENTIFY SPECIFICS AND/OR LOCATION)

NOTE: The employer will not be cited if the Summary that is not certified reflects no injuries or illnesses, and no injuries or illnesses actually occurred. (see CPL 0-2.131: Chapter 2, Section II, B. 2.)

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| 16. | Word SAVE – TDL 3.11 Records Retention.doc NCR SAVE – TDL 3.11 |
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TDLWD Rule 0800-01-03-.04(4)(a): The OSHA 300 Log, the privacy case list (if one exists), the OSHA 300A Summary, and the OSHA 301 Incident Reports (or equivalents), were not retained in the establishment for 5 years following the end of the year to which they relate:

(a) (IDENTIFY SPECIFIC FORMS, INCLUDING THE YEAR(S) NOT MAINTAINED)

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| 17. | Word SAVE – TDL 3.12 Informing Employees How to Report.doc NCR SAVE – TDL 3.12 |
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TDLWD Rule 0800-01-03-.04(6)(a)1.: Employees were not informed how to report work-related injuries and illnesses to their employer.

(a) (IDENTIFY SPECIFICS AND/OR LOCATION)

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| 18. | Word SAVE – TDL 3.13 Employee Request for OSHA 300.doc NCR SAVE – TDL 3.13 |
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TDLWD Rule 0800-01-03-.04(6)(b)2.(iii): A copy of the OSHA 300 Log required in Rule 0800-01-03-.03(27)(a) was not provided upon request to an employee, former employee, personal representative, or authorized employee representative by the end of the next business day.

(a) (IDENTIFY SPECIFIC /LOCATION; INCLUDING CURRENT AND/OR STORED LOGS)

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| 19. | Word SAVE – TDL 3.14 Employee Request For OSHA 301.doc NCR SAVE – TDL 3.14 |
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TDLWD Rule 0800-01-03-.04(6)(b)2.(v)(I): A copy of the OSHA 301 incident report required in Rule 0800-01-03-.03(27)(a) was not provided upon request to an employee, former employee, personal representative by the end of the next business day.

(a) (IDENTIFY SPECIFIC /LOCATION; INCLUDING CURRENT AND/OR STORED LOGS)

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| 20. | Word SAVE – TDL 3.15 Authorized Employee Representative Request for Information.doc NCR SAVE – TDL 3.15 |
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TDLWD Rule 0800-01-03-.04(6)(b)2.(v)(II): A copy of the OSHA 301 incident report or an equivalent, (information about the case) required in Rule 0800-1-3-.03(27)(a) was not provided upon request to the authorized employee representative within seven calendar days.

(a) (IDENTIFY SPECIFICS AND/OR LOCATION)

Note: (Only the Information from Section Titled: “Information about the case must be

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| | provided”) |
| 21. | Word SAVE – TDL 3.16 Fatality/Catastrophe Reporting.doc NCR SAVE – TDL 3.16 |
| | TDLWD Rule 0800-01-03-.05(1)(a): An oral report of an employment accident resulting in a fatality or the inpatient hospitalization of three or more employees was not made within eight (8) hours after the occurrence to the nearest Area Office of the Division of Occupational Safety and Health or to the TOSHA toll-free central telephone number (1-800-249-8510). (a) (IDENTIFY SPECIFICS AND/OR LOCATION) |
| 22. | Word SAVE – TDL 3.17 Access by Government Officials.doc NCR SAVE – TDL 3.17 |
| | TDLWD Rule 0800-01-03-.05(2)(b)2.: Copies of records kept under 0800-1-3 requested by an authorized government representative were not provided within four (4) business hours: (a) (IDENTIFY SPECIFIC FORMS - If the employer maintains the records at a location in a different time zone, you use the business hours of the establishment at which the records are located when calculating the deadline.) |
| 23. | Word SAVE – TDL 3.18 OSHA Data Initiative (ODI) Data Survey.doc NCR SAVE – TDL 3.18 |
| | TDLWD Rule 0800-01-03-.05(3)(a): The OSHA Annual Survey Form was not completed and sent to OSHA within 30 calendar days, or within the date stated in the Survey Form, whichever is later. (a) (IDENTIFY SPECIFICS) |
| 24. | Word SAVE – TDL 4.01 TOSHA Poster Private.doc NCR SAVE – TDL 4.01 |
| | TDLWD Rule 0800-01-04-.03(1): The TOSHA notice was not posted to inform employees of the protections and obligations provided for in the Act: (a) (IDENTIFY SPECIFICS AND/OR LOCATION) |
| 25. | Word SAVE – TDL 4.02 TOSHA Poster Conspicuous Private.doc NCR SAVE – TDL 4.02 |
| | TDLWD Rule 0800-01-04-.03(1): The TOSHA notice was not posted in a conspicuous place or places where notices to employees are customarily posted: (a) (IDENTIFY SPECIFICS AND/OR LOCATION) |
| 26. | Word SAVE – TDL 4.03 Authorized Representatives.doc NCR SAVE – TDL 4.03 |
| | TDLWD Rule 0800-01-04-.07(2): An authorized representative of employees was not notified promptly by the employer after advance notice of the inspection was given: (a) (IDENTIFY SPECIFICS AND/OR LOCATION) |
| 27. | Word SAVE – TDL 4.04 Citations Not Posted.doc NCR SAVE – TDL 4.04 |
| | TDLWD Rule 0800-01-04-.17(1): Citation(s), or unedited copy thereof, were not immediately posted by the employer in place(s) readily observable by all affected employees: (a) (IDENTIFY CITATION AND DATE RECEIVED BY EMPLOYER AND LOCATION IF |

NECESSARY)

NOTE: SEE EXCEPTIONS TO POSTING AT OR NEAR PLACE OF ALLEGED VIOLATION OCCURRENCES.

28. Word SAVE - TDL 4.05 Abatement Verification
NCR SAVE - TDL 5.01

TDLWD Rule 0800-01-04-.23(4)(a): The employer did not certify to TOSHA, within ten (10) calendar days after the abatement date that each cited violation has been abated:

(a) (IDENTIFY INSPECTION NUMBER, CITATION NUMBER AND ORIGINAL ABATEMENT DATE)

29. Word SAVE – TDL 5.01 TOSHA Poster Public.doc
NCR SAVE – TDL 5.01

TDLWD Rule 0800-01-05-.07(1): The TOSHA notice was not posted to inform employees of the protections and obligations provided for in the Act:

(a) (IDENTIFY SPECIFICS AND/OR LOCATION)

30. Word SAVE – TDL 5.02 TOSHA Poster Conspicuous Public.doc
NCR SAVE – TDL 5.02

TDLWD Rule 0800-01-05-.07(1): The TOSHA notice was not posted in a conspicuous place or places where notices to employees are customarily posted:

(a) (IDENTIFY SPECIFICS AND/OR LOCATION)

31. Word SAVE – TDL 9.01 RTK Label Noncontainerized Chemicals.doc
NCR SAVE – TDL 9.01

TDLWD Rule 0800-01-09-.06(2): Employer did not ensure that work areas in which non-containerized hazardous chemicals are generated or produced as a result of the process or operation taking place in such work area contain a sign or placard identifying the hazardous chemicals and appropriate hazard warnings:

(a) (IDENTIFY CHEMICAL, SPECIFICS AND/OR LOCATION)

32. Word SAVE – TDL 9.02 RTK Training Annual Refresher.doc
NCR SAVE – TDL 9.02

TDLWD Rule 0800-01-09-.07: Employees were not provided annual refresher training and information as specified in TDLWD Rule 0800-01-09-.07 on hazardous chemicals in their work area:

(a) (IDENTIFY CHEMICAL, SPECIFICS AND/OR LOCATION)

33. Word SAVE – TDL 9.03 RTK Training Records.doc
NCR SAVE – TDL 9.03

TDLWD Rule 0800-01-09-.07(4): The employer did not maintain records of hazardous chemical training required by TDLWD Rule 0800-01-09-.07:

(a) (IDENTIFY SPECIFICS AND/OR LOCATION)

34. Word SAVE – TDL 9.04 RTK NFPA 704 Sign.doc
NCR SAVE – TDL 9.04

TDLWD Rule 0800-01-09-.10(5): Employer did not post a sign meeting the requirements of paragraph (8) of TDLWD Rule 0800-01-09-.10 on the outside of each building containing hazardous chemicals:

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| (a) (IDENTIFY SPECIFICS AND/OR LOCATION) | |
| 35. | Word SAVE – TDL 9.05 RTK Chemical List Not Compiled.doc NCR SAVE – TDL 9.05 |
| TDLWD Rule 0800-01-09-.11(1): A workplace chemical list was not compiled, maintained, and updated as required by this rule: | |
| (a) (IDENTIFY SPECIFICS AND/OR LOCATION) | |
| 36. | Word SAVE – TDL 9.06 RTK Chemical List Not Filed in 96 Hrs.doc NCR SAVE – TDL 9.06 |
| TDLWD Rule 0800-01-09-.11(2)(a): The employer’s workplace chemical list was not filed with the Commissioner of Labor and Workforce Development within ninety-six (96) hours of a request for the employer’s list by an authorized representative of the Commissioner: | |
| (a) (IDENTIFY SPECIFICS AND/OR LOCATION) | |
| 37. | Word SAVE – TDL 10.01 Sharps Incident Not Logged.doc NCR SAVE – TDL 10.01 |
| TDLWD Rule 0800-01-10-.04(1): The employer’s exposure control plan did not contain documentation of the type and brand of device in use within six (6) days of an exposure incident: | |
| (a) (INDICATE INCIDENT INFORMATION, DEVICES AND/OR LOCATION) | |
| 38. | Word SAVE – TDL 10.02 Sharps Incident Not Logged.doc NCR SAVE – TDL 10.02 |
| TDLWD Rule 0800-01-10-.04(2): The type and brand of devices evaluated and currently used were not documented in the employer’s exposure control plan: | |
| (a) (INDICATE INCIDENT INFORMATION, DEVICES AND/OR LOCATION) | |