



TOSHA INSTRUCTION

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

DIRECTIVE NUMBER: IRT-TN 01-00-003

EFFECTIVE DATE: March 2, 2009

SUBJECT: Citation and Form Letter Processing on the Personal Computer.

Abstract

- Purpose:** This instruction provides guidance for the creation of form letters and citations on the personal computer. It also sets policy for the use of form letters.
- Scope:** Applies to all TOSHA compliance offices, support personnel and TOSHA staff using the PC to create compliance letters or citations.
- Cancellations:** TOSHA Directive IRT-TN 01-00-002 Citation and Form Letter Processing on the Personal Computer, October 1, 2007.
- Changes:** Revised Citation and Notification of Penalty, FTA Citation, Public Sector Notice and form letters.
- Action Offices:** All TOSHA offices utilizing the personal computer to generate citations, forms and letters.
- Contact:** Manager of Standards and Procedures.

Executive Summary

This instruction provides a revision to the documents used in the production of inspection related activities on the personal computer. The documents include citations, letters, abatement forms, penalty notices and some other miscellaneous items. Health, Safety and Public Sector branches of the compliance program currently use the templates that are included in this instruction. There are samples of each form letter template, citation, and other inspection related document located in Appendices A and B of this instruction. A brief explanation of each document is included in sections VI and VII of this instruction.

Approval Required: Only letters contained within this instruction may be used in the conduct of compliance case-related activities. Any letter or other citation related document not contained in this instruction must be approved by the TOSHA Administrator and submitted to the Manager of Standards and Procedures for processing. TOSHA and OSHA numbered forms are not included in this instruction and do not require approval or authorization for use.

Significant Changes

- This instruction replaces the TOSHA instruction dated October 1, 2007. After transferring any notes or personalized information from the old instruction, discard it.
- The language used in the citation(s), forms and letters has been updated and in some cases completely revised in order to be more clear and understandable.
- The layout of the citation has been changed to accent the employer rights and responsibilities.
- The Abatement Certification Form Instructions has been redesigned.
- There are numerous other language and formatting changes.
- The form letters have been revised and renamed. New letters have been added. See section VII for a description of each letter.

TABLE OF CONTENTS

I. Introduction.....1
 II. Processing Overview1
 III. Setting Up Folders and Drives.....2
 IV. Creating Office Specific Data Sheets2
 V. Creating a Citation or Form Letter.....3
 VI. Citation Templates and Data Tables Description3
 VII. Letter Templates Description.....4

Appendix A - Citation Templates and Data Tables by Document Title

Abatement Certification Form.dotA-2
 Amended Citation.dotA-4
 Citation and Notification of Penalty.dotA-6
 Citation with No Penalty.dot.....A-14
 FTA Citation.dotA-20
 Penalty Notice.dot.....A-27
 Public Sector Notice of Unsafe or Unhealthful Working Conditions.dotA-28
 Health and Safety Data Sheet InformationA-31
 Public Sector Data Sheet Information.....A-32

Appendix B - Letter Templates by Document Title

Abatement - Failure to Certify.dot.....B-2
 Abatement - PMA Approval.dot.....B-3
 Abatement - Progress Report with Extension.dot.....B-4
 Abatement - Progress Report.dot.....B-5
 Abatement - Review Commission Revised Dates.dotB-6
 Abatement - Verification Response with Extension.dot.....B-7
 Complainant - Employer Notification Letter Sent.dot.....B-8
 Complainant - Employer Response Received.dotB-9
 Complainant - Inspection No Citation.dotB-10
 Complainant - Inspection With Citation.dot.....B-11
 Complainant - No Jurisdiction.dot.....B-12
 Complaint - Employer Adequate Response.dot.....B-13
 Complaint - Employer Certificate of Posting.dotB-14
 Complaint - Employer Letter No Inspection Planned.dotB-15
 Fatality - Next of Kin English.dot.....B-16
 Fatality - Next of Kin Spanish.dotB-17
 Inspection - No Citation With Sampling.dotB-18
 Inspection - No Citation.dot.....B-20
 Inspection - Unclaimed Citation.dotB-21
 Inspection - With Citation and Sampling.dotB-22
 Public Sector - Inspection No Citation.dotB-24
 Public Sector - Inspection With CitationB-25
 Public Sector - Post Inspection.dot.....B-26

DOCUMENT AND CITATION PREPARATION ON THE PC

I. INTRODUCTION

- A. The citation and form letter processing application designed for use on the personal computer (PC) utilizes Microsoft Word (Word) and Microsoft Excel (Excel) to process all forms, letters and citation documents. Data is entered into an Excel spreadsheet and merged with Word documents. We gain the advantages of auto entry of commonly used information as well as the ability to recover previously entered data with a simple and fast query capability.
- B. All letters and forms must be approved by the Administrator of TOSHA. To insure that this requirement is met, use only the letters and citation formats included in this instruction in the preparation of case related documentation.
- C. Submit any proposed or new letters and/or other case related documents to the Manager of Standards and Procedures for processing prior to submission to the TOSHA Administrator for approval.

II. PROCESSING OVERVIEW

- A. Process all citation related forms, letters and data sheets in a folder on the PC's "D:" drive. Unless otherwise specified the folder is "D:\CITATION". There are blank files (referred to as "templates") that will be used to build reports and citations. Master copies of these templates are stored on the common drive in a folder called "H:\TOSHA\IRT-TN 01-00-003".
- B. Word and Excel files create the citation and other documents. They will be identifiable by their extension. The Word files will have either a ".doc" (for Word documents) or ".dot" (for Word templates). The Excel documents will have an ".xls" extension.
- C. Excel will be the data storage file or "data file". It is recommended that at least two or three data files be created per area office. One for safety and one for health. If appropriate a separate data file should be created for the public sector. This will expedite the entry of data but allow the supervisors flexibility when they desire to query the data system.
- D. A Word template (*.dot) is used to produce the final document which will ultimately become a Word document (*.doc).

- E. Once a citation or letter has been created the printed copy will be sent to Nashville. A soft copy of this document will normally be stored on your PC.
- F. If necessary, you may be asked to send a copy of the letter or citation to Nashville. This should be done E-Mail with the required file attached to the e-mail.

III. SETTING UP FOLDERS AND DRIVE INFORMATION

- A. Create a folder on you're "D:" drive named "CITATION".
- B. Make a copy of every template document from the "H:\TOSHA\IRT-TN 01-00-003" folder into "D:\Citation".
- C. All citations and other documents will be initially created and processed in the "Citation" folder. The Citation folder should be used only for case related documents that are in the process of being completed or worked.
- D. Once the documents are created, they should be saved in other folders for future use or archival purposes. When creating folders for storage of documents no longer "in process", you may want to choose names using the type of document and year created or some similar naming convention. Some examples of folder names:
 - 1. Completed health letters can be stored in a folder named "D:\Letters\Health.
 - 2. Completed safety letters can be stored in a folder named "D:\Letters\Safety.
 - 3. Citations may be stored in similar folders such as D:\Health\Citations, etc.

IV. CREATING OFFICE SPECIFIC DATA SHEETS

- A. An explanation of the data fields contained in each data sheet is located in Appendix A to this document. Open Excel (It helps to have it opened in full screen mode, so enlarge the screen if it is not already enlarged.), select "File" and then "Open" from the menu bar.
- B. From the "D:\Citation" folder select the data sheet you wish to modify. (SAFETY_DATA_SHEET.xls, HEALTH_DATA_SHEET.xls or PUBLIC_SECTOR_DATA_SHEET.xls).

- C. Enter the data that you know will be the same for each activity such as supervisor and area office information.
- D. Once this data is entered copy the information into the remainder of the cells directly below the ones you just filled out:
- E. At this point, save the document. This will preserve the changes you have made.
- F. If you are going to create a sheet for the other disciplines, repeat the process described above for each sheet you create.

V. CREATING CITATIONS OR FORM LETTERS

- A. Prior to creating a citation or form letter, the data relating to the complaint, referral or inspection must be entered in the appropriate data sheet.
- B. After the data has been entered, open MS Word and click on “Tools”, “Letters and Mailings” and “Mail Merge Wizard”. You may want to turn on the mail merge toolbar by clicking on that selection after you start the wizard.
- C. Follow the instructions on the right side of your screen. If you have problems consult the Help screen for specific merge instructions.

VI. CITATION TEMPLATES AND DATA TABLES. The following section contains the name of the template or table in italics, followed by a brief description of each citation template and data table contained in this instruction.

- A. *Abatement Certification Form.dot*. This form will be used when an abatement form is needed without the citation. The instructions for this form have been revised.
- B. *Amended Citation.dot*. This is the format to be used to create amended citations. The body of the document contains right-square-brackets "[" as markers wherever information may need to be inserted. You can use the “Edit-Find-[" feature to take you to each insertion point. The body of the document may need to be “Block-Copied” if there is more than one item. There were minor typographical error corrections to this form, otherwise it is essentially unchanged.
- C. *Citation and Notification of Penalty.dot*. This is the format to be used to create private sector citations that have a penalty assessed. The form has been completely revised.

- D. ***Citation with No Penalty.dot.*** This is the format to be used to create private sector citations that do not have a penalty assessed. The form has been completely revised.
 - E. ***FTA Citation.dot.*** This is the format to be used to create private sector failure to abate citations. This form has been completely revised.
 - F. ***Penalty Notice.dot.*** The penalty notice will be created for each citation that is issued with a penalty assessed. The form has been revised for clarity.
 - G. ***Public Sector Notice of Unsafe or Unhealthful Working Conditions.dot.*** This is the format to be used to create public sector citations. The form has been revised for clarity.
 - H. ***Health and Safety Data Sheet.xls.*** This is the data sheet that will be used to create the Excel spreadsheet that will be the primary data source in the creation of health and/or safety letters and citations.
 - I. ***Public Sector Data Sheet.xls.*** This is the data sheet that will be used to create the Excel spreadsheet that will be the primary data source in the creation of public sector letters and notices.
- VII. LETTER TEMPLATES.** The following section contains the name of the letter in italics, followed by a brief description of each letter template contained in this instruction.
- A. ***Abatement - Failure to Certify.dot.*** Communicates past due abatement/correction of hazards to an employer.
 - B. ***Abatement - PMA Approval.dot.*** Communicates approval of an employer requested petition to modify abatement/correction.
 - C. ***Abatement - Progress Report with Extension.dot.*** Acknowledges receipt from an employer of progress toward abatement/correction and advises of new abatement/correction dates.
 - D. ***Abatement - Progress Report.dot.*** Acknowledges progress toward abatement/correction and lists next reporting date.
 - E. ***Abatement - Review Commission Revised Dates.dot.*** Communicates revised abatement/correction dates as a result of a Review Commission order.

- F. ***Abatement - Verification Response with Extension.dot.*** Response to an employer's abatement/correction verification letter and request for an extension on some items.
- G. ***Complainant - Employer Notification Letter Sent.dot.*** Notification to the complainant that the employer was notified of the complaint and corrective action was requested. It advises the complainant of his/her right to discrimination protection under T.C.A. §50-3-409.
- H. ***Complainant - Employer Response Received.dot.*** Notification to the complainant of the employer's response to the complaint items with notice of the probable closing of case.
- I. ***Complainant - Inspection No Citation.dot.*** Response to complainant explaining that an inspection was conducted but no cause was found to issue a citation. Includes inspector's comments about complaint items.
- J. ***Complainant - Inspection With Citation.dot.*** Response to complainant explaining that an inspection was conducted, all items were checked or referred and a citation is attached. Includes inspector's comments about complaint items.
- K. ***Complainant - No Jurisdiction.dot.*** Response to complainant explaining that TOSHA does not have jurisdiction.
- L. ***Complaint - Employer Adequate Response.dot.*** Acknowledges to the employer that their response letter to a complaint letter is adequate.
- M. ***Complaint - Employer Certificate of Posting.dot.*** Certificate of posting sent to employer. To be filled out and posted by the employer, according to instructions, and a copy faxed back to TOSHA.
- N. ***Complaint - Employer Letter No Inspection Planned.dot.*** Communicates complaint information to the employer as part of a complaint investigation. At this time no inspection is planned pending an appropriate response to the letter.
- O. ***Fatality - Next Of Kin English.dot.*** English version of the sympathy letter to be sent to each fatality victim's next of kin.
- P. ***Fatality - Next Of Kin Spanish.dot.*** Spanish version of the sympathy letter to be sent to each fatality victim's next of kin.
- Q. ***Inspection - No Citation With Sampling.dot.*** Communicates to an employer the sampling results of an inspection that had no citations issued.

- R. ***Inspection - No citation.dot.*** Communicates to an employer the results of an inspection when no citation is issued.
- S. ***Inspection - Unclaimed Citation.dot.*** Communicates to an employer that 2 attempts were made to deliver the citation with no results.
- T. ***Inspection - With Citation and Sampling.dot.*** Communicates to an employer the sampling results of an inspection where a citation was issued.
- U. ***Public Sector - Inspection No Citation.dot.*** Communicates the result of a public sector monitor visit with no citation.
- V. ***Public Sector - With Citation.dot.*** Communicates the result of a public sector monitor visit that includes a Notice of Unsafe or Unhealthful Working Conditions (public sector citation).
- W. ***Public Sector - Post Inspection.dot.*** Communicates that abatement of hazards identified during a visit has been achieved and the inspection has been closed...

APPENDIX A
CITATION TEMPLATES AND DATA TABLES

ABATEMENT CERTIFICATION FORM INSTRUCTIONS

- 1) Complete this form for each cited violation item as follows:
 - a) Enter the citation number and item number in the first column
 - b) Enter the date the item was corrected in the second column
 - c) Explain in detail how each cited violation item was corrected in the third column (See examples below)
- 2) You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. To request an extension of abatement/correction, contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or fax «Area_Office_Fax»
- 3) Mail or fax the completed form to the Area Office shown on the form
- 4) Contact the Area Office Supervisor for additional information or if you have any questions
- 5) Additional copies can be obtained electronically at: <http://www.state.tn.us/labor-wfd/forms/abatementform.pdf>

Examples of How to Complete the Form

Citation & Item #	Date Corrected	HOW CORRECTED
1/1	02/16/2008	<p>The unguarded band saw #1234 located in the maintenance area was fitted with a factory made guard purchased from Ajax Equipment Co. The unused portion of the blade is now fully enclosed in a metal guard. Employees have been trained in the proper use of safety equipment.</p> <p>(NOTE: This item was identified as “Abatement/Correction Documentation Required” - We have also enclosed photographs of the newly guarded saw and a copy of the purchase documents from Ajax Equipment the parts supplier.)</p>
2/1a	02/18/2008	<p>A plumbed emergency eyewash and drench shower were installed by ABC Plumbing Co in the acid mixing area. Employees have been trained in the proper use and maintenance of this emergency equipment.</p>
2/1b	02/24/2008	<p>A written hazard communication program has been developed (copy enclosed). All employees have been trained about the haz com program and its components. They have also been trained in the proper use of the specific chemicals they may use in performing their jobs.</p>

ABATEMENT CERTIFICATION FORM

AREA SUPERVISOR

Tennessee Department of Labor and Workforce Development
Division of Occupational Safety and Health

Date:

«Area_Office_Street»

«Area_Office_City», «Area_Office_State» «Area_Office_Zip»

SUBMITTED BELOW IS THE ACTION(S) TAKEN TO CORRECT THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF INSPECTION NUMBER: «Insp_No» ISSUED TO:

«Estab_Name», «Estab_Mail_Street», «Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Citation & Item #	Date Corrected	How Corrected

A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

Employer Official's Signature

Job Title

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 FAX: (615)741-3325



Amended Citation and Notification of Penalty

To:
«Estab_Name»
and its successors
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Reporting ID: «Reporting_ID»

Inspection Site:
«Estab_Site_Street»
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

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.

T.C.A § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require citations (or a copy) to be immediately posted in a prominent place at or near the place where each alleged violation occurred. The amended citation shall remain posted until the alleged violation is corrected or for a minimum of three (3) working days. Failure to post the amended citation(s) subjects the employer to a penalty of \$3,000.00 for each citation not posted. Equipment, referenced in this Citation, that is moved during the correction period, must have a copy of this Citation attached. Failure to post this Citation subjects the employer to a penalty of up to \$3,000.00 for each Citation not posted.

Amendments to the original citation(s) are as follows:

CITATION NO. [FOR SERIOUS NONSERIOUS VIOLATION ISSUED ON [IS AMENDED ONLY AS SET FORTH BELOW:

The proposed penalty in the amount of \$[for alleged Violation Item No. [is hereby modified to \$[.

Alleged Violation Item No. [(and the associated proposed penalty in the amount of \$[) is/are hereby deleted in its/their entirety.

Alleged Violation Item No. [is hereby amended to read as follows:

Alleged Violation Item No. [is hereby reduced to Nonserious status and the associated proposed penalty is hereby modified to \$[.

Alleged Violation Item No. [shall hereafter be referred to as (Serious/Nonserious) Violation Item No. [(and the associated proposed penalty is hereby modified to \$[).

The penalty originally assessed for the amount of \$ is hereby amended: The **new total penalty** including both the modified penalties described above and those penalty amounts that were included in the original Citation and Notification of Penalty that have not been modified by this amendment is now \$.

John Winkler, Administrator
Division of Occupational Safety and Health

Date

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 Fax: (615)741-3325



Citation and Notification of Penalty

To:
«Estab_Name»
and its successors
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Reporting ID: «Reporting_ID»

Inspection Site:
«Estab_Site_Street»
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

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.

On «Insp_Dates», an inspection of your establishment/workplace was conducted by the Tennessee Occupational Safety and Health Administration (TOSHA) pursuant to Tennessee Code Annotated §§ 50-3-101 through 50-3-918. This Citation and Notification of Penalty (hereafter referred to as this Citation) allege violations of standards and/or rules promulgated under the provisions of the Code. These alleged violations must be corrected on or before the date indicated with each violation description.

Under the Code, employers have certain responsibilities and rights regarding citations for alleged violations.

EMPLOYER RESPONSIBILITIES

POST THIS CITATION

T.C.A. § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require this Citation (or a copy) to be immediately posted at or near the location where each alleged violation occurred, or if not practicable, in a prominent place visible to all employees. This Citation must remain posted until the alleged violations are corrected but for no less than three (3) working days. Equipment, referenced in this Citation, that is moved during the correction period, must have a copy of this Citation attached. Failure to post this Citation subjects the employer to a penalty of up to \$3,000.00 for each Citation not posted.

CORRECT THE VIOLATIONS

You must correct each violation by the date listed in this Citation unless you request an extension or file a notice of contest. (See "Formal Contest" below.)

EXTENSION OF CORRECTION DATES

Citation and Notification of Penalty.dot

You may request an extension of the correction date(s) set forth in this Citation when you cannot correct the alleged violations by the date listed in this Citation because of circumstances beyond your control. To request an extension of correction date(s), contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or fax «Area_Office_Fax».

NOTIFY TOSHA OF CORRECTIVE ACTION

You must notify «Supervisor_F_Name» «Supervisor_L_Name», telephone «Area_Office_Tele» or fax «Area_Office_Fax», when correction of each alleged violation has been completed. Enclosed is the Abatement Certification Form to be used to report corrective action taken for each violation. Instructions for completing this form are also enclosed.

You must also notify your employees and their representatives (if represented) of corrective action taken by posting the Abatement Certification Form, or by other effective means.

For items identified in this Citation as “**Abatement/Correction Documentation Required**”, you must include additional documentation such as photographs, receipts, work orders, etc. to verify the corrective action taken. Failure to provide this additional documentation to TOSHA will subject the employer to additional penalties of up to \$1,000.00. This additional documentation must also be posted at or near where the violation occurred. Failure to post the additional documentation will subject the employer to additional penalties of up to \$3,000.00.

PAYMENT OF PENALTY

Payment for the penalty is **due in full thirty (30) days from the date of receipt of this Citation and Notification of Penalty** unless a notice of contest is filed. Correction of alleged violation(s) does not excuse you from payment of any penalty which has become a final order of the Department of Labor and Workforce Development. Penalties not paid within thirty (30) days from the date of receipt will be assessed late fees and interest (see the Penalty Notice enclosed). Penalties should be paid by check or money order made payable to: “Treasurer State of Tennessee.” Mail payments to the following address:

State of Tennessee, Department of Labor and Workforce Development
Division of Occupational Safety and Health
Attn: Penalty Payments
220 French Landing Drive
Nashville, TN 37243-1002

EMPLOYER RIGHTS

INFORMAL CONFERENCE

You may request an informal conference to discuss the alleged violations and/or penalties. Informal conferences **must be held within twenty (20) days of the receipt of this Citation and Notification of Penalty**. To schedule an informal conference, contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or fax «Area_Office_Fax». Twenty four (24) hours prior to the informal conference post the “Notice to Employees of Informal Conference” and bring a copy of the notice to the informal conference. A copy of the notice is enclosed.

FORMAL CONTEST

You have the right to contest any or all parts of this Citation and/or the penalties before the Tennessee Occupational Safety and Health Review Commission. If you choose to contest, you must submit written notification to the Commissioner of Labor and Workforce Development stating what parts of this Citation and Notification of Penalty you are contesting. Notification **must be received within twenty (20) calendar days of receipt of this Citation and Notification of Penalty**. If you do not contest within the twenty (20) calendar day period, this Citation and Notification of Penalty shall be deemed a

March 2, 2009

TOSHA Instruction IRT-TN 01-00-003

Citation and Notification of Penalty.dot

final order and not subject to further review by any agency or court (T.C.A. §§ 50-3-307(b) and 50-3-407, and Tennessee Department of Labor and Workforce Development Rules Chapter 0800-01-04).

ADDITIONAL INFORMATION

For additional information, contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health, «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip», telephone «Area_Office_Tele», fax «Area_Office_Fax».

ABATEMENT CERTIFICATION FORM
INSTRUCTIONS

- 1) Complete this form for each cited violation item as follows:
 - a) Enter the citation number and item number in the first column
 - b) Enter the date the item was corrected in the second column
 - c) Explain in detail how each cited violation item was corrected in the third column (See examples below)
- 2) You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. To request an extension of abatement/correction, contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or fax «Area_Office_Fax»
- 3) Mail or fax the completed form to the Area Office shown on the form
- 4) Contact the Area Office Supervisor for additional information or if you have any questions
- 5) Additional copies can be obtained electronically at: <http://www.state.tn.us/labor-wfd/forms/abatementform.pdf>

Examples of How to Complete the Form

Citation & Item #	Date Corrected	HOW CORRECTED
1/1	02/16/2008	<p>The unguarded band saw #1234 located in the maintenance area was fitted with a factory made guard purchased from Ajax Equipment Co. The unused portion of the blade is now fully enclosed in a metal guard. Employees have been trained in the proper use of safety equipment.</p> <p>(NOTE: This item was identified as “Abatement/Correction Documentation Required” - We have also enclosed photographs of the newly guarded saw and a copy of the purchase documents from Ajax Equipment the parts supplier.)</p>
2/1a	02/18/2008	<p>A plumbed emergency eyewash and drench shower were installed by ABC Plumbing Co in the acid mixing area. Employees have been trained in the proper use and maintenance of this emergency equipment.</p>
2/1b	02/24/2008	<p>A written hazard communication program has been developed (copy enclosed). All employees have been trained about the haz com program and its components. They have also been trained in the proper use of the specific chemicals they may use in performing their jobs.</p>

ABATEMENT CERTIFICATION FORM

AREA SUPERVISOR

Tennessee Department of Labor and Workforce Development
Division of Occupational Safety and Health

Date:

«Area_Office_Street»

«Area_Office_City», «Area_Office_State» «Area_Office_Zip»

SUBMITTED BELOW IS THE ACTION(S) TAKEN TO CORRECT THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF INSPECTION NUMBER: «Insp_No» ISSUED TO:

«Estab_Name», «Estab_Mail_Street», «Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Citation & Item #	Date Corrected	How Corrected

A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

Employer Official's Signature

Job Title



State of Tennessee
Department of Labor and Workforce Development
Division of Occupational Safety and Health (TOSHA)

**NOTICE TO EMPLOYEES
OF
INFORMAL CONFERENCE**

An informal conference has been scheduled with TOSHA to discuss the Citation and Notification of Penalty. The conference will be held at the TOSHA office located at «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip» on _____ (date) at _____(time). Employees and/or representatives of employees have a right to attend an informal conference.

Post this notice twenty-four (24) hours prior to the informal conference.

A copy of this notice must be brought to the informal conference.

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health

Inspection Number: <Insp_No>
Inspection ID: <CSHO_ID>-<Opt_Insp_No>
Inspection Date(s): <Insp_Dates>
Issuance Date:



Citation and Notification of Penalty

Company Name: <Estab_Name>
Inspection Site: <Estab_Site_Street>,
<Estab_Site_City>, <Estab_Site_State> <Estab_Site_Zip>

Citation 1 Item 1 Type of Violation: Nonserious

Date By Which Violation Must Be Corrected:
Proposed Penalty:

John Winkler, Administrator
Division of Occupational Safety and Health

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 Fax: (615)741-3325



Citation and Notification of Penalty

To:
«Estab_Name»
and its successors
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Reporting ID: «Reporting_ID»

Inspection Site:
«Estab_Site_Street»
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

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.

On «Insp_Dates», an inspection of your establishment/workplace was conducted by the Tennessee Occupational Safety and Health Administration (TOSHA) pursuant to Tennessee Code Annotated §§ 50-3-101 through 50-3-918. This Citation and Notification of Penalty (hereafter referred to as this Citation) allege violations of standards and/or rules promulgated under the provisions of the Code. These alleged violations must be corrected on or before the date indicated with each violation description.

Under the Code, employers have certain responsibilities and rights regarding citations for alleged violations.

EMPLOYER RESPONSIBILITIES

POST THIS CITATION

T.C.A. § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require this Citation (or a copy) to be immediately posted at or near the location where each alleged violation occurred, or if not practicable, in a prominent place visible to all employees. This Citation must remain posted until the alleged violations are corrected but for no less than three (3) working days. Equipment, referenced in this Citation, that is moved during the correction period, must have a copy of this Citation attached. Failure to post this Citation subjects the employer to a penalty of up to \$3,000.00 for each Citation not posted.

CORRECT THE VIOLATIONS

You must correct each violation by the date listed in this Citation unless you request an extension or file a notice of contest. (See "Formal Contest" below.)

EXTENSION OF CORRECTION DATES

Citation with No Penalty.dot

You may request an extension of the correction date(s) set forth in this Citation when you cannot correct the alleged violations by the date listed in this Citation because of circumstances beyond your control. To request an extension of correction date(s), contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or fax «Area_Office_Fax».

NOTIFY TOSHA OF CORRECTIVE ACTION

You must notify «Supervisor_F_Name» «Supervisor_L_Name», telephone «Area_Office_Tele» or fax «Area_Office_Fax», when correction of each alleged violation has been completed. Enclosed is the Abatement Certification Form to be used to report corrective action taken for each violation. Instructions for completing this form are also enclosed.

You must also notify your employees and their representatives (if represented) of corrective action taken by posting the Abatement Certification Form, or by other effective means.

For items identified in this Citation as “**Abatement/Correction Documentation Required**”, you must include additional documentation such as photographs, receipts, work orders, etc. to verify the corrective action taken. Failure to provide this additional documentation to TOSHA will subject the employer to additional penalties of up to \$1,000.00. This additional documentation must also be posted at or near where the violation occurred. Failure to post the additional documentation will subject the employer to additional penalties of up to \$3,000.00.

EMPLOYER RIGHTS

INFORMAL CONFERENCE

You may request an informal conference to discuss the alleged violations. Informal conferences **must be held within twenty (20) days of the receipt of this Citation and Notification of Penalty**. To schedule an informal conference, contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or fax «Area_Office_Fax». Twenty four (24) hours prior to the informal conference post the “Notice to Employees of Informal Conference” and bring a copy of the notice to the informal conference. A copy of the notice is enclosed.

FORMAL CONTEST

You have the right to contest any or all parts of this Citation and/or the penalties before the Tennessee Occupational Safety and Health Review Commission. If you choose to contest, you must submit written notification to the Commissioner of Labor and Workforce Development stating what parts of this Citation and Notification of Penalty you are contesting. Notification **must be received within twenty (20) calendar days of receipt of this Citation and Notification of Penalty**. If you do not contest within the twenty (20) calendar day period, this Citation and Notification of Penalty shall be deemed a final order and not subject to further review by any agency or court (T.C.A. §§ 50-3-307(b) and 50-3-407, and Tennessee Department of Labor and Workforce Development Rules Chapter 0800-01-04).

ADDITIONAL INFORMATION

For additional information, contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health, «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip», telephone «Area_Office_Tele», fax «Area_Office_Fax».

ABATEMENT CERTIFICATION FORM
INSTRUCTIONS

- 1) Complete this form for each cited violation item as follows:
 - a) Enter the citation number and item number in the first column
 - b) Enter the date the item was corrected in the second column
 - c) Explain in detail how each cited violation item was corrected in the third column (See examples below)
- 2) You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. To request an extension of abatement/correction, contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or fax «Area_Office_Fax»
- 3) Mail or fax the completed form to the Area Office shown on the form
- 4) Contact the Area Office Supervisor for additional information or if you have any questions
- 5) Additional copies can be obtained electronically at: <http://www.state.tn.us/labor-wfd/forms/abatementform.pdf>

Examples of How to Complete the Form

Citation & Item #	Date Corrected	HOW CORRECTED
1/1	02/16/2008	<p>The unguarded band saw #1234 located in the maintenance area was fitted with a factory made guard purchased from Ajax Equipment Co. The unused portion of the blade is now fully enclosed in a metal guard. Employees have been trained in the proper use of safety equipment.</p> <p>(NOTE: This item was identified as “Abatement/Correction Documentation Required” - We have also enclosed photographs of the newly guarded saw and a copy of the purchase documents from Ajax Equipment the parts supplier.)</p>
2/1a	02/18/2008	A plumbed emergency eyewash and drench shower were installed by ABC Plumbing Co in the acid mixing area. Employees have been trained in the proper use and maintenance of this emergency equipment.
2/1b	02/24/2008	A written hazard communication program has been developed (copy enclosed). All employees have been trained about the haz com program and its components. They have also been trained in the proper use of the specific chemicals they may use in performing their jobs.

ABATEMENT CERTIFICATION FORM

AREA SUPERVISOR

Tennessee Department of Labor and Workforce Development
Division of Occupational Safety and Health

Date:

«Area_Office_Street»

«Area_Office_City», «Area_Office_State» «Area_Office_Zip»

SUBMITTED BELOW IS THE ACTION(S) TAKEN TO CORRECT THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF INSPECTION NUMBER: «Insp_No» ISSUED TO:

«Estab_Name», «Estab_Mail_Street», «Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Citation & Item #	Date Corrected	How Corrected

A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

Employer Official's Signature

Job Title



State of Tennessee
Department of Labor and Workforce Development
Division of Occupational Safety and Health (TOSHA)

**NOTICE TO EMPLOYEES
OF
INFORMAL CONFERENCE**

An informal conference has been scheduled with TOSHA to discuss the Citation and Notification of Penalty. The conference will be held at the TOSHA office located at «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip» on _____ (date) at _____(time). Employees and/or representatives of employees have a right to attend an informal conference.

Post this notice twenty-four (24) hours prior to the informal conference.

A copy of this notice must be brought to the informal conference.

State of Tennessee
Department of Labor and Workforce Development
Division of Occupational Safety and Health

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Issuance Date:



Citation and Notification of Penalty

Company Name: «Estab_Name»
Inspection Site: «Estab_Site_Street»,
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

Citation 1 Item 1 Type of Violation: Nonserious

Date By Which Violation Must Be Corrected:
Proposed Penalty: \$0.00

SUMMARY OF PENALTIES FOR INSPECTION NUMBER «Insp_No»

Citation 1, Serious = \$0.00
TOTAL PROPOSED PENALTIES = \$0.00

John Winkler, Administrator
Division of Occupational Safety and Health

Date

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 Fax: (615)741-3325



Notification of Failure to Abate Alleged Violations

To:
«Estab_Name»
and its successors
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Reporting ID: «Reporting_ID»

Inspection Site:
«Estab_Site_Street»
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

The violation(s) described in this Notification of Failure to Abate Alleged Violations are alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

FAILURE TO ABATE PENALTY

After the original inspection, a Citation(s) was issued to you in accordance with the provisions of the Tennessee Occupational Safety and Health Act of 1970 (the Act), notifying you of certain violations of the Act 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. The additional penalty is computed by multiplying a daily penalty times the number of days the violation(s) remained unabated.

Under the Act, employers have certain responsibilities and rights regarding citations for alleged violations.

EMPLOYER RESPONSIBILITIES

POST THIS CITATION

T.C.A. § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require this Citation (or a copy) to be immediately posted at or near the location where each alleged violation occurred, or if not practicable, in a prominent place visible to all employees. This Citation must remain posted until the alleged violations are corrected but for no less than three (3) working days. Equipment, referenced in this Citation, that is moved during the correction period, must have a copy of this Citation attached. Failure to post this Citation subjects the employer to a penalty of up to \$3,000.00 for each Citation not posted.

NOTIFY THE ADMINISTRATOR OF CORRECTIVE ACTION TAKEN

You are to notify the TOSHA Administrator in writing of the date and nature of the corrective action taken. If you do not abate the violation(s), further penalties may be proposed and other enforcement action to compel abatement may be taken under the Act.

PAYMENT OF PENALTY

Payment for the penalty is **due in full thirty (30) days from the date of receipt of this Citation and Notification of Penalty** unless a notice of contest is filed. Correction of alleged violation(s) does not excuse you from payment of any penalty which has become a final order of the Department of Labor and Workforce Development. Penalties not paid within thirty (30) days from the date of receipt will be assessed late fees and interest (see the Penalty Notice enclosed). Penalties should be paid by check or money order made payable to: "Treasurer State of Tennessee." Mail payments to the following address:

**State of Tennessee, Department of Labor and Workforce Development
Division of Occupational Safety and Health
Attn: Penalty Payments
220 French Landing Drive
Nashville, TN 37243-1002**

EMPLOYER RIGHTS

INFORMAL CONFERENCE

You may request an informal conference to discuss the alleged violations and/or penalties. Informal conferences **must be held within twenty (20) days of the receipt of this Citation and Notification of Penalty**. To schedule an informal conference, contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or fax «Area_Office_Fax». Twenty four (24) hours prior to the informal conference post the "Notice to Employees of Informal Conference" and bring a copy of the notice to the informal conference. A copy of the notice is enclosed.

FORMAL CONTEST

You have the right to contest any or all parts of this Citation and/or the penalties before the Tennessee Occupational Safety and Health Review Commission. If you choose to contest, you must submit written notification to the Commissioner of Labor and Workforce Development stating what parts of this Citation and Notification of Penalty you are contesting. Notification **must be received within twenty (20) calendar days of receipt of this Citation and Notification of Penalty**. If you do not contest within the twenty (20) calendar day period, this Citation and Notification of Penalty shall be deemed a final order and not subject to further review by any agency or court (T.C.A. §§ 50-3-307(b) and 50-3-407, and Tennessee Department of Labor and Workforce Development Rules Chapter 0800-01-04).

ADDITIONAL INFORMATION

For additional information, contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health, «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip», telephone «Area_Office_Tele», fax «Area_Office_Fax».

ABATEMENT CERTIFICATION FORM INSTRUCTIONS

- 1) Complete this form for each cited violation item as follows:
 - a) Enter the citation number and item number in the first column
 - b) Enter the date the item was corrected in the second column
 - c) Explain in detail how each cited violation item was corrected in the third column (See examples below)
- 2) You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. To request an extension of abatement/correction, contact «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or fax «Area_Office_Fax»
- 3) Mail or fax the completed form **to the Area Office shown on the form**
- 4) **Contact the Area Office Supervisor for additional information or if you have any questions**
- 5) **Additional copies can be obtained electronically at: <http://www.state.tn.us/labor-wfd/forms/abatementform.pdf>**

Examples of How to Complete the Form

Citation & Item #	Date Corrected	HOW CORRECTED
1/1	02/16/2008	<p>The unguarded band saw #1234 located in the maintenance area was fitted with a factory made guard purchased from Ajax Equipment Co. The blade is now fully enclosed in a metal guard. Employees have been trained in the proper use of safety equipment.</p> <p>(NOTE: This item was identified as “Abatement/Correction Documentation Required” - We have also enclosed photographs of the newly guarded saw and a copy of the purchase documents from Ajax Equipment the parts supplier.)</p>
2/1a	02/18/2008	<p>A plumbed emergency eyewash and drench shower were installed by ABC Plumbing Co in the acid mixing area. Employees have been trained in the proper use and maintenance of this emergency equipment.</p>
2/1b	02/24/2008	<p>A written hazard communication program has been developed (copy enclosed). All employees have been trained about the haz com program and its components. They have also been trained in the proper use of the specific chemicals they may use in performing their jobs.</p>

ABATEMENT CERTIFICATION FORM

AREA SUPERVISOR

Tennessee Department of Labor and Workforce Development
Division of Occupational Safety and Health

Date:

«Area_Office_Street»

«Area_Office_City», «Area_Office_State» «Area_Office_Zip»

SUBMITTED BELOW IS THE ACTION(S) TAKEN TO CORRECT THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF INSPECTION NUMBER: «Insp_No» ISSUED TO:

«Estab_Name», «Estab_Mail_Street», «Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Citation & Item #	Date Corrected	How Corrected

A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

Employer Official's Signature

Job Title



State of Tennessee
Department of Labor and Workforce Development
Division of Occupational Safety and Health (TOSHA)

**NOTICE TO EMPLOYEES
OF
INFORMAL CONFERENCE**

An informal conference has been scheduled with TOSHA to discuss the Citation and Notification of Penalty. The conference will be held at the TOSHA office located at «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip» on _____ (date) at _____(time). Employees and/or representatives of employees have a right to attend an informal conference.

Post this notice twenty-four (24) hours prior to the informal conference.

A copy of this notice must be brought to the informal conference.

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health

Inspection Number:

«Insp_No»

Inspection ID:

«CSHO_ID»-«Opt_Insp_No»

Inspection Date(s):

«Insp_Dates»

Issuance Date:



Notification of Failure to Abate Alleged Violations

Company Name:

«Estab_Name»

Inspection Site:

«Estab_Site_Street»,

«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

Citation 1 Item 1 Type of Violation:

Additional Proposed Penalty:

John Winkler, Administrator
Division of Occupational Safety and Health

State of Tennessee
Department Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 Fax: (615)741-3325



FAILURE TO ABATE PENALTY NOTICE

Company Name: «Estab_Name»
Inspection Site: «Estab_Site_Street», «Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

PENALTY PAYMENT DUE

Pursuant to T.C.A. §§ 50-3-402 through 408 your company has been assessed a monetary penalty. To avoid the addition of interest and delinquent fees, payment of this penalty is due in full no later than thirty (30) calendar days from the date you received this Citation and Notification of Penalty unless a notice of contest is filed. Penalties should be paid by check or money order payable to "Treasurer State of Tennessee." Mail payment to the following address:

**State of Tennessee, Department of Labor and Workforce Development
Division of Occupational Safety and Health
Attn: Penalty Payments
220 French Landing Drive
Nashville, TN 37243-1002**

DELINQUENT FEES AND INTEREST

Pursuant to T.C.A. § 50-3-107 interest and delinquent fees will be assessed for all unpaid penalty amounts that are over thirty (30) calendar days from the date you received this Citation and Notification of Penalty.

Interest charges will be assessed every thirty (30) days, at an interest rate established pursuant to T.C.A. § 67-1-801(a)(1). In addition to the interest applied, a delinquent fee of ten percent (10%) will be assessed for each penalty unpaid at thirty (30), sixty (60), and ninety (90) days to a maximum of thirty percent (30%).

Unpaid penalties are referred to the Attorney General for collection at one hundred eighty (180) days past due.

ADDITIONAL PROPOSED PENALTIES FOR INSPECTION NUMBER «Insp_No»

Citation 1, Serious	=	\$
TOTAL ADDITIONAL PROPOSED PENALTIES		\$
	=	

John Winkler, Administrator
Division of Occupational Safety and Health

Date

State of Tennessee
Department Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 Fax: (615)741-3325



PENALTY NOTICE

Company Name: «Estab_Name»
Inspection Site: «Estab_Site_Street»,«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

PENALTY PAYMENT DUE

Pursuant to T.C.A. §§ 50-3-402 through 408 your company has been assessed a monetary penalty. To avoid the addition of interest and delinquent fees, payment of this penalty is due in full no later than thirty (30) calendar days from the date you received this Citation and Notification of Penalty unless a notice of contest is filed. Penalties should be paid by check or money order payable to "Treasurer State of Tennessee." Mail payment to the following address:

**State of Tennessee, Department of Labor and Workforce Development
Division of Occupational Safety and Health
Attn: Penalty Payments
220 French Landing Drive
Nashville, TN 37243-1002**

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Pursuant to T.C.A. § 50-3-107 interest and delinquent fees will be assessed for all unpaid penalty amounts that are over thirty (30) calendar days from the date you received this Citation and Notification of Penalty.

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Unpaid penalties are referred to the Attorney General for collection at one hundred eighty (180) days past due.

SUMMARY OF PENALTIES FOR INSPECTION NUMBER «Insp_No»

Citation 1, Serious = \$
TOTAL PROPOSED PENALTIES = \$

John Winkler, Administrator
Division of Occupational Safety and Health

Date

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 FAX: (615)741-3325



Notice of Unsafe or Unhealthful Working Conditions

To:

«Agency_Head_Sal» «Agency_Head_Fname»
«Agency_Head_Lname», «Agency_Head_Title»
«Estab_Name»
and its successors
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Inspection Number: «Insp_No»

Inspection ID: «CSHO_ID» - «Opt_Insp_No»

Inspection Date(s): «Insp_Dates»

Reporting ID: «Reporting_ID»

Inspection Site:

«Estab_Name»
«Estab_Site_Street»
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

The violation(s) described in this Notice are alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

ATTN: «Safety_Dir_Fname» «Safety_Dir_Lname», «Safety_Dir_Title»

On «Insp_Dates» a monitoring visit of your establishment/workplace was conducted by «CSHO_F_Name» «CSHO_L_Name» pursuant to the Tennessee Occupational Safety and Health Act of 1972. The enclosed report contains the results of that visit. The report may contain violation(s) of standards and/or rules promulgated under the provisions of this Code. These alleged violations must be corrected on or before the date shown beneath each violation description listed thereon.

EMPLOYER RESPONSIBILITIES

The Department of Labor and Workforce Development Rules require this Notice (or a copy) to be immediately posted in a prominent place at or near the place where each alleged violation occurred. The Notice shall remain posted until the alleged violation is corrected or for a minimum of three (3) working days which ever is longer.

Employers must notify the Manager of Public Sector Programs, Division of Occupational Safety and Health, when correction of each alleged violation(s) has been completed. Enclosed are copies of the Abatement Certification Form with instructions for reporting the action you have taken to correct the violation(s). For items identified in the Notice as "Abatement Verification Required", the employer must certify that the items have been abated. This certification requires additional documentation such as photographs, receipts, work orders, etc. be provided to verify the corrective action taken. You must notify the Manager in writing of the date, the nature of the corrective action taken and a statement that affected employees and their representatives have been informed of the correction.

EMPLOYER RIGHTS

You may request an informal conference to discuss the alleged violation(s) with the Manager of Public Sector Programs.

March 2, 2009

TOSHA Instruction IRT-TN 01-00-003

Public Sector Notice of Unsafe or Unhealthful Working Conditions.dot

Informal conferences must be held within 20 days of the receipt of this Notice. To schedule an informal conference, call or fax the Manager of Public Sector Programs at telephone (615) 741-2793 or fax (615) 741-3325.

You have the right to request an extension of the correction period(s) when you cannot correct the alleged violation(s) by the prescribed correction date because of circumstances beyond your control. For information needed in a request for an extension of correction, contact the Manager of Public Sector Programs.

For additional information, you may direct such requests to the Administrator, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health at the address above, or to the, Manager of Public Sector Programs, Division of Occupational Safety and Health at (615) 741-2793.

VIOLATION(s) ENCLOSED

<u>Type</u>	<u>Number</u>
Serious	
Non-Serious	

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Issuance Date:



Notice of Unsafe or Unhealthful Working Conditions

Company Name: «Estab_Name»
Inspection Site: «Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

Violation 1 Item 1 Type of Violation: <<ENTER VIOLATION TYPE HERE>>

Date By Which Violation Must Be Corrected:

Ronald Rich, Manager of Public Sector Programs
Division of Occupational Safety and Health

Health or Safety Data Sheet - Field Information

Column/Field Name	Information Entered in Column/Field
Insp_No.....	TOSHA 1 Inspection Number
Insp_Date(s).....	Opening Conference Date
CSHO_ID.....	Inspector/Compliance Officer OSHA ID
Opt_Insp_No.....	Consecutive FY Optional Inspection Number
CSHO_F_Name	Compliance Officer's First Name
CSHO_L_Name	Compliance Officer's Last Name
Estab_Name	Establishment Named in Complaint, Referral or Inspection
Estab_Site_Street	Site Street Address
Estab_Site_City.....	Site City
Estab_Site_State	Site State (Will always be TN so this field may be pre-filled when new sheet is created)
Estab_Site_Zip.....	Site Zip Code
Estab_Mail_Street.....	Mailing Address - Street
Estab_Mail_City	Mailing Address - City
Estab_Mail_State	Mailing Address - State
Estab_Mail_Zip.....	Mailing Address - Zip
Contact_Sal.....	Contact Person (Mr - Mrs - Ms)
Contact_F_Name	Contact Person First Name
Contact_L_Name	Contact Person Last Name
Contact_title.....	Contact Person Job Title
Supervisor_F_Name	Area Office Supervisor's First Name (Pre-fill for each supervisor's sheet if appropriate)
Supervisor_L_Name	Area Office Supervisor's Last Name (Pre-fill)
Area_Office_Street	Area Office Street Address (Pre-fill)
Area_Office_City.....	Area Office City (Pre-fill)
Area_Office_State.....	Area Office State (Pre-fill)
Area_Office_Zip.....	Area Office Zip (Pre-fill)
Area_Office_Tele	Area Office Telephone Number (Pre-fill)
Area_Office_Fax.....	Area Office FAX Number (Pre-fill)
Reporting_ID	Area Office RID (Pre-fill)
Compl_No.....	Complaint Number (if the file originates from a complaint)
Compl_Rec_Date.....	Complaint Received Date
Complnt_Sal	Complainant (Mr - Mrs - Ms)
Complnt_F_Name.....	Complainant First Name
Complnt_L_Name.....	Complainant Last Name
Complnt_Street	Complainant Street
Complnt_City.....	Complainant City
Complnt_State.....	Complainant State
Complnt_Zip.....	Complainant Zip

Public Sector Data Sheet - Field Information

Column/Field Name	Information Entered in Column/Field
Insp_No.....	TOSHA 1 Inspection Number
Insp_Date(s).....	Opening Conference Date
CSHO_ID.....	Inspector/Compliance Officer OSHA ID
Opt_Insp_No.....	Consecutive FY Optional Inspection Number
CSHO_F_Name	Compliance Officer's First Name
CSHO_L_Name	Compliance Officer's Last Name
Agency_Head_Sal	Head of Agency or Program (Mr, Mrs, Ms)
Agency_Head_Fname.....	Head of Agency or Program First Name
Agency_Head_Lname.....	Head of Agency or Program Last Name
Agency_Head_Title	Head of Agency or Program Title
Safety_Dir_Sal.....	Safety Director of Agency or Program (Mr, Mrs, Ms)
Safety_Dir_Fname	Safety Director of Agency or Program First Name
Safety_Dir_Lname.....	Safety Director of Agency or Program Last Name
Safety_Dir_Title	Safety Director of Agency or Program Title
Estab_Name	Establishment Named in Complaint, Referral or Inspection
Estab_Site_Street	Site Street Address
Estab_Site_City.....	Site City
Estab_Site_State	Site State (Will always be TN so this field may be pre-filled when new sheet is created)
Estab_Site_Zip.....	Site Zip Code
Estab_Mail_Street.....	Mailing Address - Street
Estab_Mail_City	Mailing Address - City
Estab_Mail_State	Mailing Address - State
Estab_Mail_Zip.....	Mailing Address - Zip
Reporting_ID	Area Office RID (Pre-fill)
Compl_No.....	Complaint Number (if the file originates from a complaint)
Compl_Rec_Date.....	Complaint Received Date
Complnt_Sal	Complainant (Mr - Mrs - Ms)
Complnt_F_Name.....	Complainant First Name
Complnt_L_Name.....	Complainant Last Name
Complnt_Street	Complainant Street
Complnt_City.....	Complainant City
Complnt_State.....	Complainant State
Complnt_Zip.....	Complainant Zip

APPENDIX B
LETTER TEMPLATES

March 2, 2009
Abatement - Failure to Certify.dot

TOSHA Instruction IRT-TN 01-00-003

March 5, 2009

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: CSHO No.:«CSHO_ID»-«Opt_Insp_No»
Inspection No.: «Insp_No»

Dear «Contact_Sal» «Contact_L_Name»:

On «Insp_Dates», the Tennessee Occupational Safety and Health Administration (TOSHA) conducted an inspection at your worksite which resulted in citations for violations of the TOSHA standards.

A review of our records indicates that you have not submitted all the necessary documentation for corrective action taken on the following items which are past due:

Citation Number	Item Number	Original Correction Date

In accordance with Tennessee Department of Labor Rule 0800-1-4-.23(4)-Abatement Certification, **if an abatement letter is not received in our office by , a citation along with corresponding penalty will be issued for Failure to Certify Abatement of the cited items.**

You may submit the abatement documentation by fax to «Area_Office_Tele». or by mail to the above-referenced TOSHA office. An “Abatement Certification Form” is enclosed with this letter to document the corrective action taken. The documentation must also include the employer’s signature.

If you have any questions, please contact me at «Area_Office_Tele».

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

March 5, 2009

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: CSHO No.:«CSHO_ID»-«Opt_Insp_No»
Inspection No.: «Insp_No»

Dear «Contact_Sal» «Contact_L_Name»:

We have received your petition for modification of the correction period(s) specified on the above referenced citation issued to you as a result of the occupational safety inspection conducted on «Insp_Dates». The modification of correction period(s) hereby granted applies only to the specific item(s) of the referenced citation as listed below.

Citation Number	Item Number	Original Correction Date	Modified Correction Date

Your employees have 20 days to file an objection to this extension with the Commissioner of Labor and Workforce Development. If employees do not file an objection within that period, the new correction dates become effective.

Post this letter, or a copy, with the violation item it changes. Tennessee Code Annotated, §§50-3-307(a)(4) and 50-3-406 requires the issuance of a citation and a proposed penalty for failure to post this letter.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

March 5, 2009

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: CSHO No: «CSHO_ID»
Inspection No: «Insp_No»

Dear «Contact_Sal» «Contact_L_Name»:

Thank you for the report we received which indicates progress toward correction of citations issued your company. We reviewed your report and found your progress to be acceptable at this time. Your next progress report will be due .

Also we have received your request for additional time to correct the violations issued to your company. The new correction dates are listed in the Table below:

Citation Number	Item Number	Last Correction Date	Modified Correction Date

Your employees have 20 days to file an objection to this extension with the Commissioner of Labor and Workforce Development. If employees do not file an objection within that period, the new correction dates become effective.

Post this letter, or a copy, with the cited violation it changes. Tennessee Code Annotated, Sections 50-3-307(a)(4) and 50-3-406 requires the issuance of a citation and a proposed penalty for failure to post this letter.

We appreciate the steps you have taken toward correction of the violations. Please contact us if you have questions or need help correcting the remaining violations.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

March 2, 2009
Abatement - Progress Report.dot

TOSHA Instruction IRT-TN 01-00-003

March 5, 2009

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: CSHO No: «CSHO_ID» - «Opt_Insp_No»
Inspection No: «Insp_No»

Dear «Contact_Sal» «Contact_L_Name»:

Thank you for the report we received which indicates progress toward correction of violations issued to your company. We reviewed your report and found your progress to be acceptable at this time. Your next progress report will be due .

We appreciate the steps you have taken toward correction. Please contact us if you have questions or need help correcting the remaining violations.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

March 5, 2009

RE: Inspection #:

Dear Sir:

On , the Tennessee Occupational Safety & Health Review Commission issued an order in this matter. The Review Commission has sent a copy of this order to you. The purpose of this letter is to inform the company of the new correction date(s) established by this order.

The following item(s) and correction date(s) established are as follows:

Citation Number	Item Number	Correction Date

The Area Office Supervisor must be informed in writing of the corrections made to abate the violations. If additional time is required and extension may be requested by contacting the Area Supervisor before the correction date expires. Follow-up or monitoring inspections may be conducted to assure correction is completed.

If you need additional information concerning this order please contact me at (615) 741-2793. Questions concerning correction should be directed to «Supervisor_F_Name» «Supervisor_L_Name» Area Supervisor at «Area_Office_Tele».

Sincerely,

Compliance Manager

March 5, 2009

«Contact_Sal» «Contact_F_Name»«Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: CSHO No.: «CSHO_ID»-«Opt_Insp_No»
Inspection No.: «Insp_No»

Dear «Contact_Sal» «Contact_L_Name»:

Thank you for your letter dated [date]. Based on the information you have provided, item number(s) [number(s)] are now considered corrected.

In your letter you also indicate that you will need additional time to correct the remaining items. The new correction dates are listed in the table below:

Citation Number	Item Number	Last Correction Date	Modified (New) Correction Date

Your employees have 20 days to file an objection to this extension with the Commissioner of Labor and Workforce Development. If employees do not file an objection within that period, the new correction dates become effective.

Post this letter, or a copy, with the cited violation it changes. The Tennessee Code Annotated, §§50-3-307(a)(4) and 50-3-406 provides for the issuance of additional citation(s) and proposed penalty(ies) for failure to post this letter.

We appreciate the steps you have taken toward correcting the violations. Please contact us if you have questions or need help correcting the remaining violations.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

March 5, 2009

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

In response to your complaint of safety and health hazards at «Estab_Name», the Tennessee Occupational Safety and Health Administration (TOSHA) has notified «Contact_Sal» «Contact_F_Name» «Contact_L_Name» requesting that the appropriate action be taken to correct the situation. Enclosed is a copy of that letter for your information.

We have not revealed your identity to the employer. However, state law does not protect your name from being revealed unless you specifically request that it not be revealed. If you have not already stated that you do not want your name revealed, please let us know that fact as soon as possible. When we receive additional information from the employer, a copy of the response will be sent to you.

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety and health related activity. If you believe that you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA. You should file such a complaint as soon as possible since TOSHA normally can only accept complaints filed within thirty (30) days of the alleged discriminatory action. To file a discrimination complaint contact the Assistant Administrator, Tennessee Department of Labor and Workforce Development - TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-2793 or 1-800-249-8510.

Your continued interest in workplace safety and health is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

Enclosure

March 2, 2009
Complainant - Employer Response Received.dot

TOSHA Instruction IRT-TN 01-00-003

March 5, 2009

«Complnt_Sal»«Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

«Estab_Name» has advised me that the hazards you complained about have been investigated. A copy of the employer's letter is enclosed.

With this information, TOSHA feels the case can be closed on the grounds that the hazardous conditions have been corrected or no longer exist. If you do not agree that the hazards you complained about have been satisfactorily corrected, please contact us within five (5) days of receipt of this letter. If you do not respond we will assume that the hazard has been corrected or eliminated, and will take no further action with respect to this case.

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety and health related activity. If you believe that you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA. You should file such a complaint as soon as possible since TOSHA normally can only accept complaints filed within thirty (30) days of the alleged discriminatory action. To file a discrimination complaint contact the Assistant Administrator, Tennessee Department of Labor and Workforce Development - TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-2793 or 1-800-249-8510

Your action on behalf of safety and health in the workplace is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

March 2, 2009
Complainant - Inspection No Citation.dot

TOSHA Instruction IRT-TN 01-00-003

March 5, 2009

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

Your complaint alleging violations of the Tennessee Occupational Safety and Health Act at «Estab_Name» at «Estab_Site_Street» in «Estab_Site_City», «Estab_Site_State» was received in our office on «Compl_Rec_Date».

On «Insp_Dates», an occupational safety and health inspection (Inspection Number: «Insp_No») was conducted at the facility by «CSHO_F_Name» «CSHO_L_Name» of our staff to determine if there were any violations of the Act. No citations will be issued as a result of this inspection.

The items on your complaint were evaluated as follows:

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety or health activity. If you believe that you have been or are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA and/or OSHA. You should file such a complaint as soon as possible, since TOSHA and OSHA normally can accept only those complaints filed within thirty (30) days of the alleged discriminatory action/discharge. To file a discrimination complaint contact the Assistant Administrator, Tennessee Department of Labor and Workforce Development - TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-2793 or 1-800-249-8510.

If you would like to discuss this matter further please feel free to contact me at «Area_Office_Tele» .

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

March 2, 2009
Complainant - Inspection With Citation.dot

TOSHA Instruction IRT-TN 01-00-003

March 5, 2009

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

In response to your complaint concerning health hazards at «Estab_Name» in «Estab_Site_City», Tennessee, the Tennessee Occupational Safety and Health Administration (TOSHA) conducted an inspection. That inspection was completed on «Insp_Dates». The results of our inspection of your complaint items are as follows:

Attached for your information, is a copy of the TNOSHA-2, Citation and Notification of Penalty, which was sent to your employer, and should have been posted at the workplace for at least three (3) days after receipt.

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety or health activity. If you believe that you have been or are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA and/or OSHA. You should file such a complaint as soon as possible, since TOSHA and OSHA normally can accept only those complaints filed within thirty (30) days of the alleged discriminatory action/discharge. To file a discrimination complaint contact the Assistant Administrator, Tennessee Department of Labor and Workforce Development - TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-2793 or 1-800-249-8510.

If you would like to discuss this matter further please feel free to contact me at «Area_Office_Tele».

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

Enclosure

March 2, 2009
Complainant - No Jurisdiction.dot

TOSHA Instruction IRT-TN 01-00-003

March 5, 2009

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

Your complaint alleging violations of the Tennessee Occupational Safety and Health Act at «Estab_Name» at «Estab_Site_Street» in «Estab_Site_City», «Estab_Site_State» was received in our office on «Compl_Rec_Date».

We have determined not to conduct an investigation due to the following reason(s):

1. A thorough evaluation of the complaint does not establish reasonable grounds to believe a violation or danger exists, e.g., the conditions alleged are not covered by a standard or by T.C.A. § 50-3-105(1), or, the complaint is so vague and unsubstantiated that we are unable to make a reasonable judgment as to the nature of the workplace hazard.
2. The complaint concerns a workplace condition which has no direct relationship to safety or health; or which does not threaten physical harm.
3. As a result of a recent inspection or on the basis of other objective evidence, we believe that the hazard of which you complained (is not present) (has been corrected) (will shortly be corrected).
4. The complaint does not fall within TOSHA's jurisdiction because . Your complaint has, therefore been referred to .

If you would like to discuss this matter further please feel free to contact me at «Area_Office_Tele».

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

March 5, 2009

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

RE: Complaint «Compl_No»

Dear «Contact_Sal» «Contact_L_Name»:

On , the Tennessee Occupational Safety and Health Administration (TOSHA) notified you of alleged safety and/or health hazards at your worksite. Your response to these allegations was received in the Area Office on .

Based on our review of the information you provided in your response to these alleged hazards, we have determined that our file on this matter can be closed, and no further action on this complaint is anticipated at this time.

Please note, however, that the complainant will also be given the opportunity to review the information provided in your response. If the complainant disputes the accuracy of the response, it may be necessary for TOSHA to contact you for additional information or documentation of corrective action in order to resolve these issues. In some situations, it may be necessary to conduct an inspection of your workplace.

We appreciate your prompt response to these allegations. Please feel free to contact this office if you have any questions.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

CERTIFICATE OF POSTING
TOSHA NOTIFICATION OF ALLEGED HAZARD(S)

RE: Complaint No. «Compl_No»

Date of Posting: _____

Date Copy Given to an Employee
Representative (If Applicable): _____

On behalf of the employer, I certify that a copy of the complaint letter received from the Tennessee Department of Labor and Workforce Development, Tennessee Occupational Safety and Health Administration (TOSHA), has been posted in a conspicuous place, where all affected employees will have notice, or near such location where the alleged hazardous condition(s) occurred, and such notice has been given to each authorized representative of affected employees, if any. This notice was or will be posted for a minimum of ten (10) working days or until any hazardous conditions found are corrected.

(Signature)

(Title)

(Employer/Establishment Name)

March 5, 2009

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: «Compl_No»

Dear «Contact_Sal» «Contact_L_Name»:

On «Compl_Rec_Date», the Tennessee Occupational Safety and Health Administration (TOSHA) received a complaint concerning hazards at your worksite at «Estab_Site_Street» in «Estab_Site_City», Tennessee. The specific nature of the complaint involves the following:

We have not determined whether the hazards, as alleged, exist at your workplace; and we are not conducting an inspection at this time. However, since allegations of violations have been made, you should investigate the alleged conditions and make any necessary corrections or modifications. Within (five) 5 working days or less of your receipt of this letter, please advise us in writing of your findings and of the action you have taken. Your response should be detailed, stating specifically what action you have taken to correct any hazards. You should enclose any supporting documentation on the action you have taken, such as monitoring results, new equipment, purchase orders, as well as photographs of the corrected condition. Please send your response to «Supervisor_F_Name»«Supervisor_L_Name», Area Supervisor, «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip».

This letter is not a citation nor is it a notification of proposed penalty which, according to the Tennessee Occupational Safety and Health Act of 1972, as amended, may be issued only after an inspection or investigation of the workplace. If we do not receive a response from you within 5 working days indicating that appropriate action has been taken or that no hazard exists and why, an inspection may be conducted. In addition, to assure that the employer has taken the corrective action asserted in the response, random inspections are periodically conducted.

Finally, any action taken by you in this matter will not automatically remove your workplace from the possibility of an unannounced inspection by duly authorized representatives of TOSHA in accordance with routine scheduling procedures currently in effect.

You are requested to post a copy of this letter and your responses to it where it will be readily accessible for review by all your employees.

If you have any questions concerning this matter, please contact our office at «Area_Office_Tele». Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

Enclosure:



**STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
220 French Landing Drive
Nashville, TN 37243-1002**

March 5, 2009

RE:

Dear Mrs./Ms./Mr. :

Please accept my sympathy for the loss your family has suffered in the death of Mrs./Ms./Mr. .

The Tennessee Occupational Safety and Health Administration will investigate the circumstances surrounding the tragic event and the results will be made available to you upon your request, without charge. If violations of the TOSHA standards are documented during this investigation, citations and monetary penalties may be issued to the employer. The investigation process may take up to six months.

If you, or another family member, have questions about our ongoing investigation or information you would like to provide to our investigator, please contact:

<AREA SUPERVISOR NAME>
<AREA OFFICE ADDRESS>
<AREA OFFICE PHONE NUMBER>

If you wish to receive a copy of the final inspection report, please contact Mike Maenza, Standards and Procedures Manager, at 1-800-249-8510.

Sincerely,

John Winkler
Administrator



**STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
220 French Landing Drive
Nashville, TN 37243-1002**

05 de marzo de 2009

Estimado/a Sra./Srta./Sr. :

El motivo de la presente es ofrecerle mis más sinceras condolencias por la pérdida que su familia acaba de sufrir con la muerte de el/la Sra./Srta./Sr. .

La Administración de Seguridad y Salud Ocupacional de Tennessee investigará las circunstancias relacionadas con este trágico suceso y le haremos saber los resultados, previa solicitud de su parte, sin costo alguno para usted. Si en el curso de esta investigación, se determina que hubo alguna infracción de las normas de la Administración de Seguridad y Salud Ocupacional de Tennessee (TOSHA, por sus siglas en inglés), puede que se le impongan multas o sanciones monetarias al empleador. El proceso de investigación podría tardar hasta seis meses.

Si usted, o algún otro familiar, tienen alguna pregunta relacionada con la presente investigación, o si tienen alguna información que quisieran ofrecerle a nuestro investigador, sírvanse ponerse en contacto con:

<<AREA SUPERVISOR NAME>>
<<AREA OFFICE ADDRESS>>
<<AREA OFFICE PHONE NUMBER>>

Si quisiera recibir una copia del informe definitivo de la inspección, sírvase ponerse en contacto con Mike Maenza, Director de Normas y Procedimientos, llamando al 1-800-249-8510.

Atentamente,

John Winkler
Administrador

March 5, 2009

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Dear «Contact_Sal» «Contact_L_Name»:

Pursuant to the Tennessee Occupational Safety and Health Act of 1972, an inspection (Inspection No.: «Insp_No») was conducted on «Insp_Dates» by «CSHO_F_Name». No citations were issued as a result of this inspection.

As a part of the inspection, personal monitoring of employees was conducted. The results of that monitoring are attached for your use and information. The Occupational Safety and Health Standard for General Industry 29 CFR 1910.1020 requires the employer to maintain these records and provide employee exposure data to the employee upon request. If an overexposure has occurred for which a citation was issued, Tennessee Code Annotated, Section 50-3-203(c)(2) requires the employee be notified.

Our primary concern is to insure the safety and well-being of the workers of this state. We hope you share in this concern. To assist employers with their safety and health programs, we have resources available through our Education and Training and Consultative Services sections without cost, and without citation or sanction. Also, should you have a question concerning the standards, our Standards and Procedures section is available to answer your question or provide an interpretation. To avail yourselves of these services, please do not hesitate to write, or telephone «Area_Office_Tele».

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

AIR SAMPLING DATA

AREA/OPERATION/EMPLOYEE	AIR CONTAMINANT	LIMIT ¹	SAMPLING RESULTS

- ¹ Permissible Exposure Limit
- ² Short-Term Exposure Limit
- ³ Ceiling Limit
- ⁴ Excursion Limit
- ⁵ Action Level

NOTE: The measured exposures are expressed in parts air contaminant per million parts of air(ppm) in milligrams of air contaminant per cubic meter of air(mg/M³) in fibers of asbestos per cubic centimeter of air (f/cc).

NOISE SAMPLING DATA

AREA/OPERATION/EMPLOYEE	LIMIT ¹	EXPOSURE (Cn/Tn)	dBa

- ¹ The Limit for Noise Exposure is 1.00 (summation of Cn/Tn) or an equivalent sound level of 90 dBA for an 8-hour Time-weighted Average.
- ² The Action Level for Noise Exposure is 0.50 (summation of Cn/Tn) or an equivalent sound level of 85 dBA.

March 2, 2009
Inspection - No Citation.dot

TOSHA Instruction IRT-TN 01-00-003

March 5, 2009

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Dear «Contact_Sal» «Contact_L_Name»:

Pursuant to the Tennessee Occupational Safety and Health Act of 1972, an inspection (Inspection No.: «Insp_No») was conducted on «Insp_Dates», by «CSHO_F_Name». No citations were issued as a result of this inspection.

Our primary concern is to insure the safety and well being of the workers of this state. We hope you share in this concern. To assist employers with their safety and health programs, we have resources available through our Education and Training and Consultative Services section without cost, and without citation or sanction. Also, should you have a question concerning the standards, our Standards and Procedures section is available to answer your question or provide an interpretation. To avail yourselves of these services, please do not hesitate to write, or telephone «Area_Office_Tele»

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

March 2, 2009
Inspection - Unclaimed Citation.dot

TOSHA Instruction IRT-TN 01-00-003

March 5, 2009

RE: Inspection #:

Dear Sir:

The Tennessee Occupational Safety and Health Administration (TOSHA) has sent, by certified mail, a Citation and Notification of Penalty package to the above address. It was not claimed and subsequently was returned to this office. There were two attempts made by the United States Postal Service to deliver this package, as documented on the enclosed envelope.

This notice is to inform you that our office considers the package delivered and will use the second notice date as the "official date of receipt". A copy of the Citation and Notification of Penalty is enclosed with this letter as a courtesy to you. In addition, a copy of the envelope listing the two attempted delivery dates is also included.

Please be aware that any monies owed must be paid within thirty (30) days of the second notice date and if not received, will be subject to additional fees and interest as stated in the Citation. A letter of abatement must be submitted by the dates listed on the notice or a follow up inspection may be conducted.

If you need additional information please contact me at .

Sincerely,

Compliance Manager

March 2, 2009
Inspection - With Citation and Sampling.dot

TOSHA Instruction IRT-TN 01-00-003

March 5, 2009

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Dear «Contact_Sal» «Contact_L_Name»:

Pursuant to the Tennessee Occupational Safety and Health Act of 1972, as amended, an inspection (Inspection No.: «Insp_No») was conducted on «Insp_Dates», by «CSHO_F_Name». Citations issued as a result of this inspection are enclosed.

As a part of the inspection, personal monitoring of employees was conducted. The results of that monitoring are attached for your use and information. The Occupational Safety and Health Standard for General Industry 29 CFR 1910.1020 requires the employer to maintain these records and provide employee exposure data to the employee upon request. If an overexposure has occurred for which a citation was issued, Tennessee Code Annotated Section 50-3-203(c)(2) requires the employee be notified.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

AIR SAMPLING DATA

AREA/OPERATION/EMPLOYEE	AIR CONTAMINANT	LIMIT ¹	SAMPLING RESULTS

¹ Permissible Exposure Limit

² Short-Term Exposure Limit

³ Ceiling Limit

⁴ Excursion Limit

⁵ Action Level

NOTE: The measured exposures are expressed in parts air contaminant per million parts of air(ppm) in milligrams of air contaminant per cubic meter of air(mg/M³) in fibers of asbestos per cubic centimeter of air (f/cc).

NOISE SAMPLING DATA

AREA/OPERATION/EMPLOYEE	LIMIT ¹	EXPOSURE (Cn/Tn)	dBA

¹ The Limit for Noise Exposure is 1.00 (summation of Cn/Tn) or an equivalent sound level of 90 dBA for an 8-hour Time-weighted Average.

² The Action Level for Noise Exposure is 0.50 (summation of Cn/Tn) or an equivalent sound level of 85 dBA.

«Agency_Head_Sal» «Agency_Head_Fname» «Agency_Head_Lname»
«Agency_Head_Title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Attn: «Safety_Dir_Sal» «Safety_Dir_Fname» «Safety_Dir_Lname», «Safety_Dir_Title»

Dear «Agency_Head_Sal» «Agency_Head_Lname»:

On «Insp_Dates» our compliance officer «CSHO_F_Name» «CSHO_L_Name» conducted a monitoring visit of your to evaluate and discuss the status of your occupational safety and health program. The following (departments/locations) were inspected during the visit:

Our goal is to help you provide a safe and healthful work environment for your employees. We are confident this activity will help facilitate the continued growth of your safety and health program and help to reduce workplace injuries and illnesses.

During this visit no violations were observed in the areas we inspected. If we can assist you in any way in the future, please let us know.

Sincerely,

Ronald Rich, Manager of Public Sector Operations
Division of Occupational Safety and Health

«Agency_Head_Sal» «Agency_Head_Fname» «Agency_Head_Lname»
«Agency_Head_Title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Attn: «Safety_Dir_Sal» «Safety_Dir_Fname» «Safety_Dir_Lname», «Safety_Dir_Title»

Dear «Agency_Head_Sal» «Agency_Head_Lname»:

On «Insp_Dates» our compliance officer «CSHO_F_Name» «CSHO_L_Name» conducted a monitoring visit of your to evaluate and discuss the status of your occupational safety and health program. The following (departments/locations) were inspected during the visit:

Our goal is to help you provide a safe and healthful work environment for your employees. We are confident this activity will facilitate the continued growth of your safety and health program and help to reduce workplace injuries and illnesses.

During this visit violation(s) of the OSHA standards were observed in the areas we inspected. These violation(s) do not imply that your program is ineffective, however, they are an indication of a program deficiency in some aspect of your safety and health program. We have included with this report a "Notice of Unsafe or Unhealthful Working Conditions" that contains violations observed during this visit. Please post a copy of this Notice for your employees to view for a period of at least three (3) working days, or until all alleged violation(s) are corrected. We will need your reply as to the corrective action taken or planned by the abatement date indicated on the Notice. Enclosed are copies of the Abatement Certification Form with instructions. This form should be used to report the action you take to correct the violation(s).

Your file cannot be closed until we have documentation of correction of each violation. Please respond promptly.

If we can assist you in any way, please let us know.

Sincerely,

Ronald Rich, Manager of Public Sector Operations
Division of Occupational Safety and Health

«Agency_Head_Sal» «Agency_Head_Fname» «Agency_Head_Lname»
«Agency_Head_Title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Attn: «Safety_Dir_Sal» «Safety_Dir_Fname» «Safety_Dir_Lname», «Safety_Dir_Title»

Dear «Agency_Head_Sal» «Agency_Head_Lname»:

We are in receipt of your correspondence documenting the correction of the violations issued on . We appreciate the cooperation provided during the inspection and your efforts during the abatement period.

This closes Inspection Number: .

If you need any additional information, please contact us.

Sincerely,

Ronald Rich, Manager of Public Sector Operations
Division of Occupational Safety and Health