

OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

2520 Venture Oaks Way, Suite 300

Sacramento, CA 95833

TOLL FREE NUMBER (877) 252-1987

(916) 274-5751

FAX (916) 274-5785

RECEIVED

MAY 12 2014

APPEAL FORM OSH Appeals Board

DOCKET

(Leave blank- Appeals Board will fill in.)

Inspection Number on Citation

Coker Equipment, Inc.

Employer Name on Citation

1. You only have 15 working days from receipt of a citation to appeal.

Employer Legal Name or DBA (Optional)

P.O. Box 81378

Address

Las Vegas, NV 89180

2. A copy of this form must be attached to each citation or notification appealed. Failure to file a completed form may result in dismissal of the appeal.

FIRST READ IMPORTANT INFORMATION ON THE REVERSE SIDE THEN COMPLETE ONE APPEAL FORM FOR EACH CITATION

1. This is an Appeal of:

[X] CITATION NO(s): C8141 Item No(s):

[] NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION CITATION NO(s): Item No(s):

[] SPECIAL ORDER/SPECIAL ACTION NO: Item No(s):

2. Specific ground(s) for this appeal are: (Check all that apply)

[X] The safety order was not violated.

[X] The classification (i.e. serious, willful, repeat) is incorrect.

[] The abatement requirements are unreasonable.

[] Required changes [] Time allowed to complete changes

[X] The proposed penalty is unreasonable.

3. Explain any other reasons for appeal or issues to be raised on appeal. Affirmative defenses must be specifically stated.

We no longer were doing business in California since May 1, 2013. Our company assets and accounts were purchased by another company and they had full responsibility for all employees + job sites. And we have no money to pay any penalties.

4.

(Signature of Employer or Employer's Representative)

{If there is any change in representation after you file your appeal, you must notify the Appeals Board in writing}

Augustus Coker

(Type or print name)

President

(Title)

P.O. Box 81378

(Address) {Address where all communications from the Appeals Board will be sent}

Las Vegas

(City)

NV

(State)

89180

(Zip Code)

702-271-9542

(Telephone)

sales@Cokerequipment.com

(E-Mail Address)

(Date) 5-2-14

{All correspondence from the Appeals Board will be sent to the representative above at the address above. If there is any change in address, telephone number, and/or e-mail address after you file your appeal, you must notify the Appeals Board of the change(s). All such notifications must be in writing}

IMPORTANT INFORMATION

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- G. Mail each completed Appeal form and citation or notification to the Occupational Safety and Health Appeals Board, 2520 Venture Oaks Way, Suite 300, Sacramento, CA 95833.
- H. Late appeals will not be accepted unless good cause is shown.

State of California
Division of Occupational Safety and Health
Cal/OSHA San Diego District (0950632; 4032)
7575 Metropolitan Drive, Suite 207
San Diego, CA 92108

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



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

RECEIVED
MAY 12 2014

Citation and Notification of Penalty

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

OSHA Appeals Board

Citation 1 Item 1 Type of Violation: General

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

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

Date By Which Violation Must be Abated: 05/11/2014
Proposed Penalty: \$ 150.00


Darcy Murphy
Compliance Safety & Health Officer


Kathy Derham
District Manager

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

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CITATION NO(s): _____ Item No(s): _____

NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION
CITATION NO(s): 1 Item No(s): 3

SPECIAL ORDER/SPECIAL ACTION NO: _____
Item No(s): _____

2. Specific ground(s) for this appeal are: (Check all that apply)

- The safety order was not violated.
The classification (i.e. serious, willful, repeat) is incorrect.
The abatement requirements are unreasonable.
Required changes Time allowed to complete changes
The proposed penalty is unreasonable.

3. Explain any other reasons for appeal or issues to be raised on appeal. Affirmative defenses must be specifically stated.

We no longer were doing business in California since May 1, 2013. Our company assets and accounts were purchased by another company and they had full responsibility for all employees + job sites. And we have no money to pay any penalties.

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Augustus Coker

(Type or print name)

President

(Title)

P.O. Box 81378

(Address) {Address where all communications from the Appeals Board will be sent}

Las Vegas

NV

89180

(City)

(State)

(Zip Code)

702-271-9542

sales@cokerequipment.com

(Telephone)

(E-Mail Address)

(Date) *- 5-2-14*

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- G. Mail each completed Appeal form and citation or notification to the Occupational Safety and Health Appeals Board, 2520 Venture Oaks Way, Suite 300, Sacramento, CA 95833.
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STATE OF CALIFORNIA
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
 7575 Metropolitan Drive, Suite #207
 San Diego, CA 92108
 Phone: (619)767-2280 Fax: (619)767-2299

Notification of Failure to Abate Alleged Violation

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

3. Issuance Date 04/25/14	4. Inspection Number 317230753
5. Reporting ID 950632	6. CSE/HH ID C8141
7. Optional Report No. 018-14	8. Page No. 1 of 2

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

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

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

9. To: **COKER EQUIPMENT CO., INC.**
 and its successors
 4965 Geist Ave.
 LAS VEGAS, NV 89115

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

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

(SEE REVERSE SIDE FOR APPEAL RIGHTS)

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

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

Make Check or Money Order

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Employer Name on Citation

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Employer Legal Name or DBA (Optional)

P.O. Box 81378

Address

Las Vegas, NV 89180

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[] CITATION NO(s): _____ Item No(s): _____

[X] NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION
CITATION NO(s): 1 Item No(s): 4

[] SPECIAL ORDER/SPECIAL ACTION NO: _____
Item No(s): _____

2. Specific ground(s) for this appeal are: (Check all that apply)

[X] The safety order was not violated.

[X] The classification (i.e. serious, willful, repeat) is incorrect.

[] The abatement requirements are unreasonable.

[] Required changes

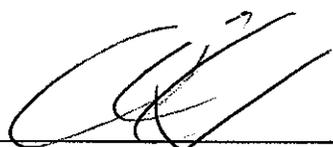
[] Time allowed to complete changes

[X] The proposed penalty is unreasonable.

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We no longer were doing business in California since May 1, 2013. Our company assets and accounts were purchased by another company and they had full responsibility for all employees + job sites. And we have no money to pay any penalties.

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Augustus Coker

(Type or print name)

President

(Title)

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Las Vegas

NV

89180

(City)

(State)

(Zip Code)

702-271-9542

sales@cokerequipment.com

(Telephone)

(E-Mail Address)

(Date) 5-2-14

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Notification of Failure to Abate Alleged Violation

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

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

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

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

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

9. To: **COKER EQUIPMENT CO., INC.**
 and its successors
 4965 Geist Ave.
 LAS VEGAS, NV 89115

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

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

(SEE REVERSE SIDE FOR APPEAL RIGHTS)

12. Citation Number - Item Number: 1-4	15. Additional Penalty	Number of Days Fail to Abate
13. Standard Regulation or Section of the Act Violated: 8 CCR 1509(e)	\$27,225	45 Days
14. Description: Citation 1, Item 4 GENERAL 8 CCR 1509(e): Injury and Illness Prevention Program. Supervisory employees shall conduct "toolbox" or "tailgate" safety meetings, or equivalent, with their crews at least every 10 working days to emphasize safety. a) At the time of the inspection, the employer was not conducting toolbox or tailgate safety meetings or the equivalent, every ten days. Employees who were working at the jobsite located at 11195 Westview Parkway, San Diego had not participated in any tailgate safety meetings held by the employer. There were no records of tailgate safety meetings provided by either the employer or the general contractor for which the employee operating the tower crane had participated since working at the job site since June of 2013. This is Failure to Abate violation of Citation 1, Item 4, from inspection number 315345181 which was issued 6/12/12 and which became a final order on 10/4/2013. NOTE: INFORMAL CONFERENCE AVAILABLE, PLEASE CONTACT THE CAL/OSHA DISTRICT OFFICE LISTED ON CITATION.	OSH APPEALS BOARD MAY 17 2014 RECEIVED	
16. Signature [Redacted Signature] Safety Engineer/Industrial Hygienist	17. \$27,225.00 District Manager/Sr. Industrial Hygienist	Total Additional Penalty

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

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

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

Make Check or
 Money Order
 Payable to
 "Cal/OSHA"

Indicate
 Inspection
 Number on
 Remittance

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NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION
CITATION NO(s): 1 Item No(s): 7

SPECIAL ORDER/SPECIAL ACTION NO. _____
Item No(s): _____

2. Specific ground(s) for this appeal are: (Check all that apply)

The safety order was not violated.

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06/12/12 - 12/11/12	315345181

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

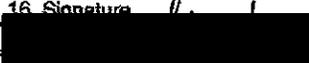
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12. Citation Number – Item Number: 1- 7	15. Additional Penalty	Number of Days Fail to Abate
13. Standard Regulation or Section of the Act Violated: 8 CCR 3395(f)(3)	\$30,625	45 Days
14. Description: Citation 1, Item 7 GENERAL 8 CCR 3395(f)(3): Heat Illness Prevention. The employer's procedures for complying with each requirement of this standard required by subsections (f)(1)(B), (G), (H), and (I) shall be in writing and shall be made available to employees and to representatives of the Division upon request. The Heat Illness Prevention Plan shall include: (B) The employer's procedures for complying with the requirements of this standard: (e) High-heat procedures. The employer shall implement high-heat procedures when the temperature equals or exceeds 95 degrees Fahrenheit. These procedures shall include the following to the extent practicable: (1) Ensuring that effective communication by voice, observation, or electronic means is maintained so that employees at the work site can contact a supervisor when necessary. An electronic device, such as a cell phone or text messaging device, may be used for this purpose only if reception in the area is reliable. (2) Observing employees for alertness and signs or symptoms of heat illness. (3) Reminding employees throughout the work shift to drink plenty of water. (4) Close supervision of a new employee by a supervisor or designee for the first 14 days of the employee's employment by the employer, unless the employee indicates at the time of hire that he or she has been doing similar outdoor work for at least 10 of the past 30 days for 4 or more hours per day. a) At the time of the inspection, for the employee performing outdoor work at the construction jobsite located at 11195 Westview Parkway, San Diego operating tower cranes in the construction of multi-story wood frame apartment buildings. The Employer's Heat Illness Prevention Policy did not include their plan for how to comply with the high-heat procedures required by 3395(e). No new Heat Illness Plan was provided when requested on 2/12/14. This is Failure to Abate violation of Citation 1, Item 7, from inspection number 315345181 which was issued 6/12/12 and which became a final order on 10/4/2013. NOTE: INFORMAL CONFERENCE AVAILABLE, PLEASE CONTACT THE CAL/OSHA DISTRICT OFFICE LISTED ON CITATION.		
16. Signature  Safety Engineer/Industrial Hygienist	17. \$30,625.00	RECEIVED MAY 12 2014 OSH Appeals Board
 District Manager/Sr. Industrial Hygienist	Total Additional Penalty Make Check or Money Order Payable to "Cal/OSHA" Indicate Inspection Number on Remittance	

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

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

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

OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD

2520 Venture Oaks Way, Suite 300

Sacramento, CA 95833

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DOCKET

(Leave blank- Appeals Board will fill in.)

Inspection Number on Citation

Coker Equipment, Inc.

Employer Name on Citation

1. You only have 15 working days from receipt of a citation to appeal.

Employer Legal Name or DBA (Optional)

P.O. Box 81378

Address

Las Vegas, NV 89180

2. A copy of this form must be attached to each citation or notification appealed. Failure to file a completed form may result in dismissal of the appeal.

FIRST READ IMPORTANT INFORMATION ON THE REVERSE SIDE THEN COMPLETE ONE APPEAL FORM FOR EACH CITATION

1. This is an Appeal of:

[] CITATION NO(s): _____ Item No(s): _____

[x] NOTIFICATION OF FAILURE TO ABATE ALLEGED VIOLATION CITATION NO(s): 3 Item No(s): 1

[] SPECIAL ORDER/SPECIAL ACTION NO: _____ Item No(s): _____

2. Specific ground(s) for this appeal are: (Check all that apply)

[x] The safety order was not violated.

[x] The classification (i.e. serious, willful, repeat) is incorrect.

[] The abatement requirements are unreasonable.

[] Required changes [] Time allowed to complete changes

[x] The proposed penalty is unreasonable.

3. Explain any other reasons for appeal or issues to be raised on appeal. Affirmative defenses must be specifically stated.

We no longer were doing business in California since May 1, 2013. Our company assets and accounts were purchased by another company and they had full responsibility for all employees + job sites. And we have no money to pay any penalties.

4.

(Signature of Employer or Employer's Representative)

{If there is any change in representation after you file your appeal, you must notify the Appeals Board in writing}

Augustus Coker

(Type or print name)

President

(Title)

P.O. Box 81378

(Address) {Address where all communications from the Appeals Board will be sent}

Las Vegas

NV

89180

(City)

(State)

(Zip Code)

702-271-9542

sales@cokerequipment.com

(Telephone)

(E-Mail Address)

(Date) *- 5-2-14*

{All correspondence from the Appeals Board will be sent to the representative above at the address above. If there is any change in address, telephone number, and/or e-mail address after you file your appeal, you must notify the Appeals Board of the change(s). All such notifications must be in writing}

IMPORTANT INFORMATION

- A. Use this form to appeal a Citation, Notification of Failure to Abate Alleged Violation, or Special Order/Special Action.
- B. You must complete *a separate appeal form for each citation or notification* you wish to appeal and *attach a copy of the complete citation or notification that you are appealing.*
- C. If the citation or notification being appealed includes more than one item **do not use separate appeals forms for each item.** Instead, specify the items you are appealing in the space provided in No. 1 on the front of this form (for example, "Citation No. 1, Item Nos. 2, 5, and 8).
- D. **Be sure to sign your appeal form and provide all the information requested in No. 4 above.**
- E. Your appeal form shall be deemed not completed unless you attach a copy of each citation or notification that you are appealing, and failure to file a completed appeal form may result in dismissal of the appeal.
- F. If you or your representative change address, telephone number, and/or e-mail address, it is your responsibility to notify the Appeals Board in writing of the change(s). Otherwise the Appeals Board will continue to use the address it has on file and you risk not receiving notices or other communications from the Appeals Board. Appeals Board regulations make it the employer's obligation to notify the Appeals Board of any changes to the employer's and/or representative's contact information.
- G. Mail each completed Appeal form and citation or notification to the Occupational Safety and Health Appeals Board, 2520 Venture Oaks Way, Suite 300, Sacramento, CA 95833.
- H. Late appeals will not be accepted unless good cause is shown.

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

Notification of Failure to Abate Alleged Violation

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

3. Issuance Date 04/26/14	4. Inspection Number 317230753
5. Reporting ID 950632	6. CSE/IIH ID C8141
7. Optional Report No. 018-14	8. Page No. 1 of 2

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

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

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

9. To: **COKER EQUIPMENT CO., INC.**
 and its successors
 4965 Geist Ave.
 LAS VEGAS, NV 89115

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

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

(SEE REVERSE SIDE FOR APPEAL RIGHTS)

12. Citation Number - Item Number: 3 - 1	15. Additional Penalty	Number of Days Fail to Abate
13. Standard Regulation or Section of the Act Violated: 8 CCR 1618.4(f)	\$54,450	45 Days
14. Description: Citation 3, item 1 GENERAL 8 CCR 1618.4(f): Cranes and Derricks in Construction; Training. Tag-out. The employer shall train each operator and each additional employee authorized to start/energize equipment or operate equipment controls (such as maintenance and repair employees), in the tag-out and start-up procedures in Sections 1616.1(g) and (h). <i>a) An employee who was working on the POTAIN HDT 80 self-erector crane (No. 87268) in use at the jobsite at 11195 Westview Parkway, San Diego, had not been trained in the tag-out and start-up procedures of 8 CCR 1616.1(g) and (h) for cranes and derricks in construction.</i> This is Failure to Abate violation of Citation 3, item 1, from inspection number 315345181 which was issued 6/12/12 and which became a final order on 10/4/2013. NOTE: INFORMAL CONFERENCE AVAILABLE, PLEASE CONTACT THE CAL/OSHA DISTRICT OFFICE LISTED ON CITATION.	OSHA Appeals Board	RECEIVED MAY 12 2014
16. Signature  Safety Engineer/Industrial Hygienist	17. Total Additional Penalty \$54,450.00	 District Manager/Sr. Industrial Hygienist

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

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

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

Make Check or Money Order Payable to "Cal/OSHA"

Indicate Inspection Number on Remittance

State of California
Division of Occupational Safety and Health
7575 Metropolitan Drive, Suite 207
San Diego, CA 92108
Telephone: (619) 767-2280 Fax: (619) 767-2299

RECEIVED
MAY 12 2014



OSH Appeals Board

NOTICE OF PROPOSED PENALTIES

Company Name: COKER EQUIPMENT, INC
Inspection Site: 11195 WESTVIEW PARKWAY, SAN DIEGO, CA 92126
Mailing Address: 4965 GEIST AVE, LAS VEGAS, NV 89115
Issuance Date: 04/28/2014
Reporting ID: 0950632
Index Code: 4032

Summary of Penalties for Inspection Number 317230753

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

Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form.

If you are paying electronically: Please have this form on-hand when you are ready to make your payment. The company name, index code, reporting ID, and Citation number(s) will be required to ensure that the payment is accurately posted to your account. Please go to www.dir.ca.gov/dosh to access the secure payment processing site.

If you are paying by check: Mail this Notice of Proposed Penalties, the Penalty Remittance Form, along with a copy of the Citation and Notification of Penalty to:

**DEPARTMENT OF INDUSTRIAL RELATIONS
CASHIER, ACCOUNTING OFFICE
P. O. BOX 420603
SAN FRANCISCO, CA 94142-0603**

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

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

RECEIVED
MAY 12 2014



OSH Appeals Board

Citation and Notification of Penalty

To:
COKER EQUIPMENT, INC

and its successors
4965 GEIST AVE
LAS VEGAS, NV 89115

Inspection Site:
11195 WESTVIEW PARKWAY
SAN DIEGO, CA 92126

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

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

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

This Citation and Notification of Penalty (hereinafter Citation) is being issued in accordance with California Labor Code Section 6317 for violations that were found during the inspection/investigation. **This Citation or a copy must be prominently posted upon receipt by the employer at or near the location of each violation until the violative condition is corrected or for three working days, whichever is longer.** Violations of Title 8 of the California Code of Regulations or of the California Labor Code may result in some instances in prosecution for a misdemeanor.

YOU HAVE A RIGHT to contest this Citation and Notification of Penalty by filing an appeal with the Occupational Safety and Health Appeals Board. To initiate your appeal, you **must** contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of this Citation. If you miss the 15 working day deadline to appeal, the Citation and Notification of Penalty becomes a final order of the Appeals Board, not subject to review by any court or agency.

Informal Conference - You may request an informal conference with the Manager of the District Office which issued the Citation within 10 working days after receipt of the Citation. However, if the citation is appealed, you may request an informal conference at any time prior to the day of the hearing. Employers are encouraged to schedule a conference at the earliest possible time to assure an expeditious resolution of any issues. At the informal conference, you may discuss the existence of the alleged violation, classification of the violation, abatement date or proposed penalty.

Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an agreement which resolves this matter without litigation or contest.

APPEAL RIGHTS

The Occupational Safety and Health Appeals Board (Appeals Board) consists of three members appointed by the Governor. The Appeals Board is a separate entity from the Division of Occupational Safety and Health (Division) and employs experienced attorneys as administrative law judges to hear appeals fairly and impartially. To initiate an appeal from a Citation and Notification of Penalty, you must contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of a Citation. After you have initiated your appeal, you must then file a completed appeal form with the Appeals Board, at the address listed below, for each contested citation. Failure to file a completed appeal form with the Appeals Board may result in dismissal of the appeal. Appeal forms are available from district offices of the Division, or from the Appeals Board:

Occupational Safety and Health Appeals Board
2520 Venture Oaks Way, Suite 300
Sacramento, CA 95833
Telephone: (916) 274-5751 or (877) 252-1987

If the Citation you are appealing alleges more than one item, you must specify on the appeal form which items you are appealing. You must also attach to the appeal form a legible copy of the Citation you are appealing. In addition, please send a copy of Page 1 of this Citation and Notification of Penalty, the cover sheet.

Among the specific grounds for an appeal are the following: the safety order was not violated, the classification of the alleged violation (e.g., serious, repeat, willful) is incorrect, the abatement requirements are unreasonable or the proposed penalty is unreasonable.

Important: You must notify the Appeals Board, not the Division, of your intent to appeal within 15 working days from the date of receipt of the Citation. Otherwise, the Citation and Notification of Penalty becomes a final order of the Appeals Board not subject to review by any court or agency. An informal conference with the Division does not constitute an appeal and does not stay the 15 working day appeal period. If you have any questions concerning your appeal rights, call the Appeals Board, (916) 274-5751 or (877) 252-1987.

PENALTY PAYMENT OPTIONS

Penalties are due within 15 working days of receipt of this Citation and Notification of Penalty unless contested. If you are appealing any item of the citation, remittance is still due on all items that are not appealed. Enclosed for your use is a Penalty Remittance Form for payment.

If you are paying electronically, please have the Penalty Remittance Form on-hand when you are ready to make your payment. The company name, index code, reporting ID, and Citation number(s) will be required in order to ensure that the payment is accurately posted to your account. Please go to www.dir.ca.gov/dosh to access the secure payment processing site.

If you are paying by check, return one copy of the Citation, along with the Notice of Proposed Penalties Sheet and the Penalty Remittance Form and mail to:

Department of Industrial Relations
Cashier, Accounting Office
P. O. Box 420603
San Francisco, CA 94142-0603

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

NOTIFICATION OF CORRECTIVE ACTION

For violations which you do not contest, you should notify the Division of Occupational Safety and Health promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation and Notification of Penalty. Please inform the District Office listed on the Citation by submitting the CAL/OSHA 160 and/or 161 with the abatement steps you have taken and the date the violation was abated, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. The adjusted penalty for serious and general violations is reduced by 50% on the presumption that the employer will correct the violations by the abatement date. **If the CAL/OSHA 161 is not received in the District Office within 10 days following the abatement date, the abatement credit is revoked, causing the penalty to double.**

Note: Return the CAL/OSHA 160/161 to the District Office listed on the Citation and as shown below:

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

EMPLOYEE RIGHTS

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under Labor Code Section 6310 or 6311. An employee who believes that he/she has been discriminated against may file a complaint no later than six (6) months after the discrimination occurred with the Division of Labor Standards Enforcement.

Employee Appeals - An employee or authorized employee's representative may, within 15 working days of the issuance of a citation, special order, or order to take special action, appeal to the Occupational Safety and Health Appeals Board the reasonableness of the period of time fixed by the Division of Occupational Safety and Health (Division) for abatement. An employee appeal may be filed with the Appeals Board or with the Division. No particular format is necessary to initiate the appeal, but the notice of appeal must be in writing.

If an Employee Appeal is filed with the Division, the Division shall note on the face of the document the date of receipt, include any envelope or other proof of the date of mailing, and promptly transmit the document to the Appeals Board. The Division shall, no later than 10 working days from receipt of the Employee Appeal, file with the Appeals Board and serve on each party a clear and concise statement of the reasons why the abatement period prescribed by it is reasonable.

Employee Appeal Forms are available from the Appeals Board, or from a District Office of the Division.

Employees Participation in Informal Conference. Affected employees or their representatives may notify the District Manager that they wish to attend the informal conference. If the employer objects, a separate informal conference will be held.

DISABILITY ACCOMMODATION

Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid or service, or a modification of policies or procedures to ensure effective communication and access to the programs of the Division of Occupational Safety and Health, should contact the Disability Accommodation Coordinator at the local district office or the Statewide Disability Accommodation Coordinator at 1-866-326-1616 (toll free). The Statewide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign-language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing or conference.

DEPARTMENT OF INDUSTRIAL RELATIONS
OCCUPATIONAL SAFETY
AND HEALTH APPEALS BOARD
2520 VENTURE OAKS WAY, SUITE 300
SACRAMENTO, CA 95833
(916) 274-5751
FAX (916) 274-5785



May 6, 2014

Gus Coker, Owner
COKER EQUIPMENT, INC
P.O. Box 81378
Las Vegas, NV 89180

**SUBJECT: Confirmation of your Intent to Appeal;
Request for Additional Documents
COKER EQUIPMENT, INC
IMIS# 317230753**

Dear Mr. Coker:

The Occupational Safety and Health Appeals Board received your telephone call on May 5, 2014. You indicated your intention to appeal the citation(s) issued by the Division of Occupational Safety and Health.

In order for us to proceed with your appeal, you are required to provide the following documents.

1. An Appeal Form must be filled out and submitted for each citation you are appealing.

The citation is the document issued by the inspector indicating the specific regulation(s) you are being charged with violating.

The Appeal Form is located at the following website address: <http://www.dir.ca.gov/oshab/oshab.html>. You may enter information directly into the form, however you cannot file your appeal electronically. You must print out the form and mail it to the Appeals Board at the address below.

Please indicate on the form which citation you are appealing and the grounds upon which your appeal is based. Please take the time to carefully fill out the appeal form completely and accurately. Incomplete appeal forms will be returned to you. (Refer to the "Important Information" section located on the second page of the appeal form.)

2. A copy of the entire citation packet.

The citation packet is entitled "Citation and Notification of Penalty", and may contain several citations.

The completed appeal form(s) and the entire citation packet must be postmarked (or received in this office, if via hand delivery) within 10 calendar days of the date of this letter. **Failure to meet this deadline constitutes grounds for dismissal of your appeal.** (Title 8, Cal. Code Regs, Section 359.1). Mail or hand-deliver the above documents to:

Cal-OSHA Appeals Board
2520 Venture Oaks Way, Suite 300
Sacramento, CA 95833

We accept express, certified, and regular U.S. Mail.

You should keep copies of all documents for your records. Once the above documents have been timely received, and after verifying all legal requirements are met, your appeal will be entered into our system and assigned a docket number. A copy of the docketed appeal will be mailed to you at the address provided on the Appeal Form.

Please note: During this time we are also required, by law, to verify that your telephone call (or other communication to the Board) indicating your intent to appeal was made within 15 working days of receipt of the citation. If, upon completing our review, it appears that your initial communication to the Board indicating your intent to appeal was outside the 15 working day deadline, we will notify you (via separate letter) that your intent to appeal was untimely and request that you show good cause regarding why you did not initiate your appeal within the 15 working day deadline. (See Title 8, Cal. Code Regs, Section Reg. 359.)

Sincerely,



Monique Newsom
Office Assistant

cc: DOSH District Manager - San Diego
3-2-C8141-018-2014