

State of California  
Division of Occupational Safety and Health  
1065 E. Hillsdale Blvd., Suite 110  
Foster City, CA 94404  
Telephone: (650) 573-3812 Fax: (650) 573-3817



## Citation and Notification of Penalty

To:  
Schindler Elevator Corporation

and its successors  
555 McCormick Street  
San Leandro, CA 94577

**Inspection Site:**  
4900 Centennial Blvd.  
Santa Clara, CA 95054

**Inspection Number:** 315776005  
**Inspection Date(s):** 06/11/2013 - 12/10/2013

**Issuance Date:** 12/10/2013  
**CSHO ID:** R1120  
**Optional Report #:** 024-13  
**Reporting ID:** 0950613

*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](http://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  
1065 E. Hillsdale Blvd., Suite 110  
Foster City, CA 94404  
Telephone: (650) 573-3812 Fax: (650) 573-3817

## 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.

**State of California**

Division of Occupational Safety and Health  
Cal/OSHA District Office (0950613; 4019)  
1065 East Hillsdale Blvd., Suite 110  
Foster City, CA 94404

**Inspection Number:** 315776005  
**Inspection Dates:** 06/11/2013 - 12/10/2013  
**Issuance Date:** 12/10/2013  
**CSHO ID:** R1120  
**Optional Inspection Nbr:** 024-13



Phone: (650) 573-3812 Fax: (650) 573-3817

**Citation and Notification of Penalty**

**Company Name:** Schindler Elevator Corporation  
**Inspection Site:** 4900 Centennial Blvd., Santa Clara, CA 95054

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

T8CCR 1509(a): 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.

Location: 4900 Centennial Blvd., Santa Clara, CA 95054

On or before June 11, 2013 the employer failed to implement and/or ensure implementation of the required elements of an Injury and Illness Prevention Program including but not limited to:

1. Failure to identify, evaluate, and correct the hazard of mounting electrical equipment within the counterweight runway such that employees may be required to be in the zone of danger during installation and maintenance of the equipment.
2. Failure to identify, evaluate, and correct the hazard of allowing the activation of the elevator while any employee is situated within the zone of danger created by the movement of the elevator platform or counterweight.
3. Failure to establish effective procedures for ensuring that employees are outside the zone of danger created by moving parts of an elevator prior to activating the elevator.

As a result, on June 11, 2013, an employee was fatally injured when he was struck by the elevator counterweights while working within the counterweight runway.

Ref: T8CCR 3203(a)

|   |             |
|---|-------------|
| Date By Which Violation Must be Abated: | 12/20/2013  |
| Proposed Penalty:                       | \$ 18000.00 |

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

**State of California**

Division of Occupational Safety and Health  
Cal/OSHA District Office (0950613; 4019)  
1065 East Hillsdale Blvd., Suite 110  
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**Inspection Number:** 315776005  
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**Citation and Notification of Penalty**

**Company Name:** Schindler Elevator Corporation  
**Inspection Site:** 4900 Centennial Blvd., Santa Clara, CA 95054

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

T8CCR 3318: All counterweights shall be enclosed with a guard which shall extend from the working level to at least the midpoint of the counterweight when it is in its highest position, or shall be otherwise guarded to afford at least equivalent protection unless they are so located that their falling would create no hazard or the area directly below the counterweight is effectively barricaded against passage.

Location: 4900 Centennial Blvd., Santa Clara, CA 95054

On or before June 11, 2013, the employer failed to enclose the counterweights that had been installed for freight elevators D-1 and D-2 with guards, as required. As a result, on June 11, 2013, an employee was fatally injured when he was struck by the counterweight of freight elevator D-1 while installing equipment within the counterweight runway.

Date By Which Violation Must be Abated: 12/20/2013  
Proposed Penalty: \$ 18000.00

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

**State of California**

Division of Occupational Safety and Health  
Cal/OSHA District Office (0950613; 4019)  
1065 East Hillsdale Blvd., Suite 110  
Foster City, CA 94404

**Inspection Number:** 315776005  
**Inspection Dates:** 06/11/2013 - 12/10/2013  
**Issuance Date:** 12/10/2013  
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Phone: (650) 573-3812 Fax: (650) 573-3817

**Citation and Notification of Penalty**

**Company Name:** Schindler Elevator Corporation  
**Inspection Site:** 4900 Centennial Blvd., Santa Clara, CA 95054

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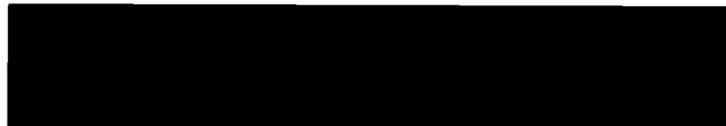
**Citation 3 Item 1** Type of Violation: **Serious**

T8CCR 4002(a): All machines, parts of machines, or component parts of machines which create hazardous revolving, reciprocating, running, shearing, punching, pressing, squeezing, drawing, cutting, rolling, mixing or similar action, including pinch points and shear points, not guarded by the frame of the machine(s) or by location, shall be guarded.

Location: 4900 Centennial Blvd., Santa Clara, CA 95054

On or before June 11, 2013, the employer failed to guard the counterweights that had been installed for freight elevators D-1 and D-2. Such failure exposed employees working within the elevator hoistway and pit to the hazardous reciprocating and running actions of the counterweights. As a result, on June 11, 2013, an employee was fatally injured when he was struck by the counterweight of freight elevator D-1 while installing equipment within the counterweight runway.

Date By Which Violation Must be Abated: 12/20/2013  
Proposed Penalty: \$ 18000.00



Compliance Officer/District Manager

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

State of California  
Division of Occupational Safety and Health  
1065 E. Hillsdale Blvd., Suite 110  
Foster City, CA 94404  
Telephone: (650) 573-3812 Fax: (650) 573-3817

## NOTICE OF PROPOSED PENALTIES

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**Company Name:** Schindler Elevator Corporation  
**Inspection Site:** 4900 Centennial Blvd., Santa Clara, CA 95054  
**Mailing Address:** 555 McCormick Street, San Leandro, CA 94577

**Issuance Date:** 12/10/2013

**Reporting ID:** 0950613  
**Index Code:** 4019

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### Summary of Penalties for Inspection Number 315776005

|                                 |             |                 |
|---------------------------------|-------------|-----------------|
| Citation 1, Serious             | = \$        | 18000.00        |
| Citation 2, Serious             | = \$        | 18000.00        |
| Citation 3, Serious             | = \$        | 18000.00        |
| <b>TOTAL PROPOSED PENALTIES</b> | <b>= \$</b> | <b>54000.00</b> |

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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](http://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.

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**DEPARTMENT OF INDUSTRIAL RELATIONS**  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH - CAL/OSHA  
Cashier, Accounting Office  
P.O. Box 420603  
San Francisco, CA 94142-0603  
Phone (415) 703-4291 or (415) 703-4295 FAX (415) 703-3037

**PENALTY REMITTANCE FORM**

**CIVIL PENALTY INFORMATION** INSPECTION NUMBER 315776005 REPORTING ID 0950613 INDEX CODE 4019

ESTABLISHMENT NAME Schindler Elevator Corporation

CONTACT PERSON \_\_\_\_\_

PHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

SITE ADDRESS 4900 Centennial Blvd., Santa Clara

MAILING ADDRESS 555 McCormick Street, San Leandro, CA, 94577

**CITATION INFORMATION** (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.)

Payment is for the following Citation Items: (e.g. Citation 1, Items 1-5; Citation 3)

**TYPE OF PAYMENT ENCLOSED**

**CHECK OR MONEY ORDER INFORMATION**

CHECK ENCLOSED IN THE AMOUNT OF \$ \_\_\_\_\_

MONEY ORDER ENCLOSED IN THE AMOUNT OF \$ \_\_\_\_\_

(Please make check or money order payable to **CAL/OSHA** and mail to the Cashier, Accounting Office, at the above address. Reference the Inspection Number on the "memo" portion of your check or money order.)

Go to [www.dir.ca.gov/dosh](http://www.dir.ca.gov/dosh) to access the on-line third party secure payment processing site  
**OR** Complete this section and fax to (415) 703-3037 **CREDIT CARD INFORMATION**

CREDIT CARD NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CREDIT (Visa, MC, Amex, etc.) \_\_\_\_\_ SECURITY CODE: (last 3 digits on back of card) \_\_\_\_\_ (4 digits on front of Amex card)

NAME OF CARDHOLDER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CARDHOLDER PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

AMOUNT OF PAYMENT \$ \_\_\_\_\_

FOR OFFICE USE ONLY -----

AUTHORIZATION NO. \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_

PROCESSED BY \_\_\_\_\_

Please call (415) 703-4291 or (415) 703-4295 or complete the information above and fax to (415) 703-3037

Cal/OSHA-2 PRF REV 6/10

**SPECIAL ORDER**

2. Schindler Elevator Corporation  
 555 McCormick Street  
 San Leandro, CA 94577

3. Page 1 of 2

4. Special Order Number 1

5. An inspection or investigation of a place of employment located at 4900 Centennial Blvd., Santa Clara, CA 95054 was conducted by Pam Sekhon on June 11, 2013. This Special Order is being issued in accordance with California Labor Code (L.C.) Sections 6305 and 6308 for unsafe condition(s) described below that were found during that inspection or investigation.

| 6a. Item No. | 6b. No. of Instances | 7. Basis of Special Order L.C. Provision | 8. Special Order   | 9. Abatement date by which this Special Order must be complied with |
|--------------|----------------------|--|--|---|
| 1            | 1                    | 6401                                     | <p>The employer shall develop and implement written procedures to ensure that personnel are not exposed to hazardous energy created by moving parts within an elevator hoistway and/or pit.</p> <p>These written procedures shall include:</p> <ol style="list-style-type: none"> <li>1. A requirement that all personnel ensure, through both verbal, two-way communication and visual confirmation, that all personnel within an elevator hoistway and/or pit have removed themselves from the zone of danger created by moving parts prior to setting an elevator platform and/or car in motion.</li> <li>2. Means and methods to prohibit personnel from entering the zone of danger until it is safe to do so.</li> <li>3. A requirement for training of all affected personnel on these procedures; and</li> </ol> <p>(continued on next page)</p> | January 11, 2014  |

10. Signature \_\_\_\_\_ Safety Engineer  
 Signature \_\_\_\_\_ Industrial Hygienist  
 Signature \_\_\_\_\_ District Manager  
 Date of issuance 12/10/13

This Special Order or a copy thereof shall be prominently posted upon receipt by the employer at or near the location of each unsafe condition described above until said condition(s) is/are corrected or for three working days, whichever is longer.

The employer has 15 working days after receipt of the above Special Order within which to notify in writing the California Occupational Safety and Health Appeals Board, 2520 Venture Oaks Way Suite 300, Sacramento, CA 95833, of his or her intention to contest any action or provision of this Order. The above Special Order will become a final Order of the Appeals Board not subject to review or appeal unless contested by the employer, employee, or employee representative.

An employee, or his or her representative, may contest in writing to the California Occupational Safety and Health Appeals Board the reasonableness of the date by which this order must be complied with within 15 working days from the date of issuance of the Special Order.

If the unsafe condition(s) described above is/are not corrected or any action or provision of this Order is not complied with as directed in this Special Order within the period of time set forth by the Division of Occupational Safety and Health, the Division may issue a citation for violation of the special order and may assume a monetary penalty and/or in some instances, may bring a prosecution for a misdemeanor.

Special Order Number 1

Page 2 of 2

| 6a.<br>Item<br>No. | 6b.<br>No. of<br>Instances | 7.<br>Basis of<br>Special Order<br>L.C. Provision | 8.<br>Special Order  | 9. Abatement date by which<br>this Special Order must be<br>complied with |
|--------------------|----------------------------|---|--|---|
|                    |                            |   | <p>4. A requirement that the employer periodically evaluate the procedures to ensure that they continue to be effective as written and that they are being effectively implemented. The employer shall, as part of these evaluations, consult affected employees and their representatives to assess their views on the effectiveness of the procedures, and to identify any problems. Any problems that are identified during these evaluations shall be corrected.</p> |   |

**EMPLOYER'S SIGNED STATEMENT OF ABATEMENT OF SERIOUS VIOLATIONS**

**EMPLOYER:** Schindler Elevator Corporation  
**ADDRESS:** 555 McCormick Street  
 San Leandro, CA 94577

The law requires that serious violations observed during the inspection/investigation completed on 12/10/2013 of the place of employment located at 4900 Centennial Blvd. Santa Clara CA be corrected within the time limit specified. Labor Code 6320(b), requires that you submit this signed statement under penalty of perjury which describes the measures for abating each citation which alleges a serious violation. If the signed statement is not received within 10 working days after the end of the period fixed for abatement, the Division will be required to revoke any adjustments to the civil penalty based upon the assumption that you will abate the violation. This action will result in a doubling of the civil penalty for serious violations. If you have filed a timely appeal with reference to a particular citation, the abatement date is stayed during the appeal process and the Signed Statement need not be submitted at this time. In addition, if there are problems beyond your control that prevent meeting a specified abatement date, contact the Division early so that a request for extension can be considered.

This Signed Statement shall be posted for three (3) working days at or near each place the serious violation referred to in the citation occurred.

**THIS FORM MUST BE RECEIVED AT THE ABOVE ADDRESS ON OR BEFORE December 20, 2013**

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**DESCRIBE AND LIST THE SPECIFIC MEASURES & EQUIPMENT TAKEN TO ABATE EACH SERIOUS VIOLATION**

| Citation Number | Number of Instances | Measures Taken to Abate Serious Violations | Abatement Date |
|-----------------|---------------------|--|----------------|
|                 |                     |  |                |
|                 |                     |  |                |
|                 |                     |  |                |
|                 |                     |  |                |

All affected employees and their representatives have been informed about abatement activities referenced in this document in conformance with 8CCR Section 340.4(g).  Yes  No

I have reviewed the foregoing statement and declare under penalty of perjury that it is true and correct to the best of my knowledge and all submitted abatement information is accurate.

Executed at \_\_\_\_\_, California by \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**OFFICIAL USE ONLY**

Division Engineer/Industrial Hygienist: \_\_\_\_\_ Date: \_\_\_\_\_

District Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Close/Comments:

Region 1 District 3 Inspection No. 315776005 Identification No. R1120 Cal/OSHA Rpt. No. & Fiscal Year 024-13



**NOTICE OF ACCIDENT-RELATED VIOLATION AFTER INVESTIGATION**

Page 1 of 1

Schindler Elevator Corporation  
 555 McCormick Street  
 San Leandro, CA 94577

An investigation of an industrial accident or occupational illness was conducted by **Pam Sekhon** at a place of employment located at **4900 Centennial Blvd., Santa Clara** on **06/11/2013**.

|   |                  |  |                     |                            |
|---|------------------|--|---------------------|----------------------------|
| DESCRIBE THE CONDITION INSPECTED:   |                  |  |                     |                            |
| On June 11, 2013, an employee was fatally injured after being struck by an elevator counterweight.  |                  |  |                     |                            |
|   |                  |  |                     |                            |
|   |                  |  |                     |                            |
|   |                  |  |                     |                            |
|   |                  |  |                     |                            |
|   |                  |  |                     |                            |
| It has been determined by the Division that the fatal or serious injury, illness or exposure described above was related to the following serious, willful or repeat violation: |                  |  |                     |                            |
| <u>Serious</u>  |                  | <u>3318</u>                                    |                     |                            |
| CLASSIFICATION OF VIOLATION   |                  | TITLE 8 CCR SECTION                            |                     |                            |
| Signature _____   | Signature _____  |  | _____               |                            |
| Safety Engineer/Industrial Hygienist  | District Manager |  |                     |                            |
| Date of issuance <u>December 10, 2013</u>   |                  | Date investigation completed <u>12/10/2013</u> |                     |                            |
| Upon request, the Division will provide the employer with a copy of its inspection report pertaining to this investigation.   |                  |  |                     |                            |
| 1   | 3                | R1120  | 024-13              | 315776005                  |
| Region  | District         | SE/IH Identification No.                       | Optional Report No. | CAL/OSHA Form 1 Report No. |

**NOTICE OF ACCIDENT-RELATED VIOLATION AFTER INVESTIGATION**

Page 1 of 1

Schindler Elevator Corporation  
 555 McCormick Street  
 San Leandro, CA 94577

An investigation of an industrial accident or occupational illness was conducted by **Pam Sekhon** at a place of employment located at **4900 Centennial Blvd., Santa Clara** on **06/11/2013**.

DESCRIBE THE CONDITION INSPECTED:

On June 11, 2013, an employee was fatally injured after being struck by an elevator counterweight.

It has been determined by the Division that the fatal or serious injury, illness or exposure described above was related to the following serious, willful or repeat violation:

Serious

4002(a)

CLASSIFICATION OF VIOLATION

TITLE 8 CCR SECTION

Signature

Safety Engineer/Industrial Hygienist

Signature

District Manager

Date of issuance

December 10, 2013

Date investigation completed

12/10/2013

Upon request, the Division will provide the employer with a copy of its inspection report pertaining to this investigation.

|        |          |                          |                     |                            |
|--------|----------|--------------------------|---------------------|----------------------------|
| 1      | 3        | R1120                    | 024-13              | 315776005                  |
| Region | District | SE/IH Identification No. | Optional Report No. | CAL/OSHA Form 1 Report No. |