

State of California  
Department of Industrial Relations  
Division of Occupational Safety and Health  
American Canyon District Office  
3419 Broadway Street Ste H8  
American Canyon, CA 94503  
Phone: (707) 649-3700 Fax: (707) 649-3712



## CITATION AND NOTIFICATION OF PENALTY

To:  
Kaiser Foundation Hospitals

and its successors  
975 Sereno Drive  
Vallejo, CA 94589

Inspection #: 1068406  
Inspection Date (s): 06/05/2015 - 12/03/2015  
Issuance Date: 12/03/2015  
CSHO ID: L2067  
Optional Report #: 051-15  
Reporting ID: 0950615

Inspection Site:  
975 Sereno Drive  
Vallejo, CA 94589

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  
Fax: (916) 274-5785

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, at (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, inspection number, 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/CalOSHA\\_PaymentOption.html](http://www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html) to access the secure payment processing site. **Additionally, you must also mail the Penalty Remittance Form to the address below.**

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 forms 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 has already been 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 forms to the district office listed on the Citation and as shown below:

Division of Occupational Safety and Health  
American Canyon District Office  
3419 Broadway Street Ste H8  
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## 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.

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Optional Report #: 051-15



**Citation and Notification of Penalty**

**Company Name:** Kaiser Foundation Hospitals  
**Establishment DBA:** and its successors  
**Inspection Site:** 975 Sereno Drive  
Vallejo, CA 94589

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

T8 CCR 5193 Bloodborne Pathogens,  
(c) Exposure Response, Prevention and Control,  
(1) Exposure Control Plan.

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:...

5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

Prior to and during the course of the investigation, the employer's Exposure Control Plan was not reviewed and updated at least annually and whenever necessary, including to review and respond to information that indicated that the Exposure Control Plan was deficient. During that time, employees were exposed to contaminated sharps, and in some instances, suffered exposure incidents, during the cleaning, emptying, and transferring of waste from and around the public sharps disposal kiosk in the medical office building.

<b>Date By Which Violation Must be Abated:</b>	<b>Corrected During Inspection</b>
<b>Proposed Penalty:</b>	<b>\$900.00</b>

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**Company Name:** Kaiser Foundation Hospitals  
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**Citation 1 Item 2 Type of Violation: **General****

T8 CCR 5193 Bloodborne Pathogens.  
(g) Communication of Hazards to Employees.  
(2) Information and Training.  
(E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Prior to and during the course of the investigation, including but not limited to, on 6/11/15, the employer failed to provide additional training when changes were introduced into the workplace that affected employees' occupational exposure. A public sharps disposal kiosk was introduced into the medical office building several years prior to the opening of the investigation. Employees were not provided additional training on cleaning, emptying, and transferring procedures necessary for safe work with the waste placed in and around the kiosk.

<b>Date By Which Violation Must be Abated:</b>	<b>Corrected During Inspection</b>
<b>Proposed Penalty:</b>	<b>\$900.00</b>

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### Citation and Notification of Penalty

**Company Name:** Kaiser Foundation Hospitals  
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**Inspection Site:** 975 Sereno Drive  
Vallejo, CA 94589

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

T8 CCR 5193 Bloodborne Pathogens.

(d) Methods of Compliance.

(2) Engineering and Work Practice Controls-General Requirements.

(A) Engineering and work practice controls shall be used to eliminate or minimize employee exposure.

Prior to and during the course of the investigation, including but not limited to on 6/11/15, employees worked with a public sharps disposal kiosk in the medical office building, and engineering and work practice controls were not utilized to eliminate or minimize employee exposure. This failure to provide engineering and work practice controls included, but was not limited to:

1. the kiosk was not designed or equipped to:
  - a. minimize waste leakage between the outer and inner containers, and
  - b. minimize the potential for the chute to become clogged with waste.
2. employees were not provided with and did not use appropriate extension tools, such as tongs, that minimized exposure to sharps during the removal and transfer of waste from the kiosk.

**Date By Which Violation Must be Abated:**

**Corrected During Inspection**

**Proposed Penalty:**

**\$8100.00**

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### Citation and Notification of Penalty

**Company Name:** Kaiser Foundation Hospitals  
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**Inspection Site:** 975 Sereno Drive  
Vallejo, CA 94589

#### Citation 3 Item 1 Type of Violation: **Willful-Serious**

TB CCR 5193 Bloodborne Pathogens.

(d) Methods of Compliance.

(3) Engineering and Work Practice Controls-Specific Requirements.

(B) Prohibited Practices...

3. Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed...

6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.

7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

Prior to and during the course of the investigation, including but not limited to, on 6/11/15, the employer exposed its employees to the risk of sharps injury by failing to ensure employees did not engage in the prohibited practices in subsections (d)(3)(B)(3, 6 and 7) during the emptying and transferring of waste in the public sharps disposal kiosk in the medical office building.

**Date By Which Violation Must be Abated:**

**Corrected During Inspection**

**Proposed Penalty:**

**\$70000.00**

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Inspection #: 1068406  
Inspection Dates: 06/05/2015 - 12/03/2015  
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### Citation and Notification of Penalty

**Company Name:** Kaiser Foundation Hospitals  
**Establishment DBA:**  
and its successors  
**Inspection Site:** 975 Sereno Drive  
Vallejo, CA 94589

#### Citation 4 Item 1 Type of Violation: **Willful-Serious**

T8 CCR 5193 Bloodborne Pathogens.

(d) Methods of Compliance.

(3) Engineering and Work Practice Controls-Specific Requirements.

(E) Regulated Waste.

2. Disposal of Sharps Containers.

When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:

- a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and
- b. Placed in a secondary container if leakage is possible. The second container shall be:
  - i. Closable;
  - ii. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
  - iii. Labeled according to subsection (g)(1)(A) of this section.

Prior to and during the course of the investigation, including but not limited to, on 6/11/15, employees were required to remove containers of contaminated sharps from a public sharps disposal kiosk in the medical office building. During that time, the containers were not closed immediately prior to removal, and there was spillage and protrusion of contaminated needles. When the containers were moved from the area of use during disposal, the containers were not placed in a closable secondary container even when leakage was possible.

**Date By Which Violation Must be Abated:**

**Corrected During Inspection**

**Proposed Penalty:**

**\$70000.00**

  
Marie Blake  
Compliance Officer/Senior Safety Engineer

  
Chris Kirkham  
Compliance Officer/Senior Safety Engineer

State of California  
Department of Industrial Relations  
Division of Occupational Safety and Health  
American Canyon District Office  
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## NOTICE OF PROPOSED PENALTIES

**Company Name:** Kaiser Foundation Hospitals  
**Establishment DBA:** and its successors  
**Inspection Site:** 975 Sereno Drive, Vallejo, CA 94589  
**Mailing Address:** 975 Sereno Drive, Vallejo, CA 94589  
**Issuance Date:** 12/03/2015  
**Reporting ID:** 0950615  
**CSHO ID:** L2067

### Summary of Penalties for Inspection Number 1068406

Citation 1 Item 1, General	\$900.00
Citation 1 Item 2, General	\$900.00
Citation 2 Item 1, Serious	\$8100.00
Citation 3 Item 1, Willful-Serious	\$70000.00
Citation 4 Item 1, Willful-Serious	\$70000.00
<b>TOTAL PROPOSED PENALTIES:</b>	<b>\$149900.00</b>

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, 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/CalOSHA\\_PaymentOption.html](http://www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html) to access the secure payment processing site. **Additionally, you must also mail the Penalty Remittance Form to the address below.**

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.

**DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH – CAL/OSHA  
Accounting Office - Cashiering Unit  
P.O. Box 420603  
San Francisco, CA 94142-0603  
Phone (415) 703-4291 or (415) 703-4308 Fax (415) 703-3037**

*Please mail or fax this form back to the above address to properly credit your payment.*

**PENALTY REMITTANCE FORM**

<b>CIVIL PENALTY INFO</b>	<b>INSPECTION NO.:</b> 1068406	<b>REPORTING ID:</b> 0950615
<b>ESTABLISHMENT NAME:</b>	Kaiser Foundation Hospitals	<b>FEIN/SEIN:</b>
<b>CONTACT PERSON:</b>		
<b>PHONE NO.:</b>	(707) 651-1000	<b>FAX NO.:</b>
<b>SITE ADDRESS:</b>	975 Sereno Drive, Vallejo, CA 94589	
<b>MAILING ADDRESS:</b>	975 Sereno Drive, Vallejo, CA 94589	

**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 INSTRUCTIONS:**

- Put a "✓" next to the Citation(s) that you are paying.
- Write the amount paid in the "AMOUNT PAID" column.
- Please indicate the "TOTAL AMOUNT PAID".

✓	SUMMARY OF PENALTIES PAID	AMOUNT PAID
	Citation 1 Item 1, General	\$
	Citation 1 Item 2, General	\$
	Citation 2 Item 1, Serious	\$
	Citation 3 Item 1, Willful-Serious	\$
	Citation 4 Item 1, Willful-Serious	\$
	<b>TOTAL AMOUNT PAID</b>	<b>\$</b>

**TYPE OF PAYMENT ENCLOSED**

<b>Fill in the check, e-check reference, or money order information below:</b>	
CHECK # _____ ENCLOSED IN THE AMOUNT OF:	\$
E-CHECK REFERENCE # _____ PAID IN THE AMOUNT OF:	\$
MONEY ORDER # _____ ENCLOSED IN THE AMOUNT OF:	\$

Please make check or money order payable to Department of Industrial Relations - 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. Note: For your convenience, the Department of Industrial Relations accepts electronic payments at [www.dir.ca.gov/dosh/CalOSHA\\_PaymentOption.html](http://www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html). **Again, please mail or fax this form to the above address or fax number to ensure payments are properly credited.**

DEPARTMENT OF INDUSTRIAL RELATIONS  
 Division of Occupational Safety and Health  
 American Canyon District Office  
 3419 Broadway Street Ste H8  
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 Tel. # (707) 649-3700 Fax # (707) 649-3712



**NOTICE OF VERIFICATION OF ABATEMENT OF SERIOUS VIOLATIONS**

Kaiser Foundation Hospitals  
 Sereno Drive  
 Vallejo, CA 94589

During the course of an inspection or re-inspection at a place of employment located at:

975 Sereno Drive  
 \_\_\_\_\_  
 Street  
 Vallejo CA 94589  
 \_\_\_\_\_  
 City State Zip

The Division has verified abatement of the following Citation(s) alleging a serious violation or Special Order(s) or Orders(s) to Take Special Action:

Citation or Order No.	Number of Instances	Date Division Verified Abatement
2	1	08/19/15
3	1	08/19/15
4	2	08/19/15

Signature: Marie Blake Date of Issuance: 12/03/15  
 Compliance Safety and Health Officer

This notice is provided to the employer in accordance with the provisions of California Labor Code Section 6318(b). The employer is required to post this notice for three (3) working days at or near the location of the alleged violation.

0950615                      1068406                      L2067                      051-15  
 RID                              Inspection Nr.                      CSHO ID                      Optional Report Nr.