

**Oregon Department of Consumer and Business Services**

**Oregon Occupational Safety and Health Division (OR-OSHA)**

1340 Tandem Ave NE Suite 160

Salem, OR 97309-0417

Phone: (503)378-3274



## Citation and Notification of Penalty

**To:**

Vern Forrest President  
Chosen Wood Window Maintenance Inc  
11945 S Township Rd  
Canby, OR 97103

**Inspection Number:** 315665059(93)  
**Inspection Date(s):** 02/01/2012-05/10/2012  
**Issuance Date:** 05/29/2012  
**Optional Rpt Num:** F0065-018-12  
**Employer ID No:** 8540775-000

**Inspection Site:**

11945 S Township Rd  
Canby, OR 97103

*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.*

In the interest of assuring a safe and healthy workplace, the Oregon Occupational Safety and Health Division (OR-OSHA) conducted an inspection at a workplace under your control. During this inspection, violations of the Oregon Safe Employment Act and occupational health and/or safety rules were found.

This citation lists the violations and a date by which they must be corrected. If you are not able to correct the violations by the correction date, you must apply for an extension of the correction date by following the instructions outlined later in this citation. Oregon laws require that under certain conditions violations of occupational safety and health rules carry a civil penalty. If penalties have been assessed on this citation, they have been computed in conformity with Oregon Administrative Rules, Chapter 437, Division 1. If you want to appeal this citation, file your request for hearing within 30 calendar days as outlined on the reverse side of this page. If you choose not to appeal this citation, it becomes a final order 30 calendar days after receiving it. You must abate the violations referred to in this Citation by the dates listed, and pay the proposed penalties.

An effective Safety and Health program not only assures the correction of cited violations, it also requires actions to prevent violations from recurring. Through continued cooperation of employers, employees and OR-OSHA, a safe and healthful workplace for all Oregon employees can be achieved.

Michael D. Wood, Administrator  
Oregon OSHA

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**PLEASE SEE REVERSE SIDE OF PAGE FOR IMPORTANT INFORMATION**

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**COPY**

**Posting** - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited has (have) been abated, or for 3 working days (excluding weekends and holidays), whichever is longer.

**Penalty PAYMENT** - Penalties are due 20 days after the citation becomes final order (which is 30 days after receipt of this citation, unless appealed). Make your check or money order payable to "Department of Consumer & Business Services" (DCBS), and mail to DCBS, Fiscal Services Section, PO Box 14610, Salem OR 97309-0445. Please include the Inspection Number on the remittance and return a copy of the invoice with payment. OR-OSHA does not agree to any restrictions or 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 they do not exist.

**Employer APPEAL Rights** - To appeal a citation, you must clearly state in writing that you are requesting a hearing on the citation and specify the alleged violation(s) contested and the grounds upon which you consider the citation, proposed penalty(ies), or correction period to be unlawful. The request for an appeal must be filed within 30 calendar days of receipt of the citation. An appeal is considered filed on the date of postmark, if mailed, or on the date of receipt if transmitted by other means. If mailed, the appeal letter should be sent to: Oregon OSHA, PO BOX 14480, Salem OR 97309-0405. You can file an appeal on-line at [www.orosha.org/appeals.html](http://www.orosha.org/appeals.html)

A request for an informal conference alone is not an appeal of a citation, and any unresolved issues discussed at an informal conference will not be forwarded for appeal unless there is a timely request for hearing filed. If you do not request a hearing within the required time frame, this citation will become a final order that is not subject to review by any agency or court.

**IMPORTANT NOTE:** Appealing a serious violation or the reasonableness of the correction date does not automatically extend the correction date. You may apply for an extension of the correction date through OR-OSHA or request an expedited hearing on the issue of the correction date with the Workers' Compensation Board Hearings Division (Oregon Revised Statute 654.078(6)).

**Letter of Corrective Action** - You are required to complete and mail the enclosed Letter of Corrective Action to the appropriate field office on or before the latest correction date on the citation. Please provide a detailed explanation and supporting documentation (if necessary), such as drawings or photographs of corrected violations, purchase or work orders, air sampling results, etc.

**EXTENSION of Correction Date** - To apply for an extension for correcting a violation, submit a written request to the office on the "Letter of Corrective Action" or on-line at [www.orosha.org/appeals.html](http://www.orosha.org/appeals.html), and include:

- (1) Employer name and address.
- (2) The location of the place of employment.
- (3) The inspection number and optional report number.
- (4) The violation number for which the extension is sought.
- (5) The reason for the request.
- (6) All available interim steps being taken to safeguard employees against the cited hazard during the requested extended correction period.
- (7) The date by which you propose to complete the correction.
- (8) A statement that a copy of the request for extension has been posted as required by OAR 437-001-0275(2)(d) and (j) or for at least 10 days, whichever is longer; and, if appropriate, provided to the authorized representative of affected employees; and, certification of the date upon which the posting or service was made.

**COPY**

Your request must be postmarked or received by the Department no later than the correction date of the violation for which the extension is sought.

**Employer Discrimination Unlawful** - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint with the Bureau of Labor & Industries (BOLI) no later than 90 days after the discrimination occurred.

**Notice to Employees** - The law gives an employee or his/her representative the opportunity to object to any statement date set for a violation if he/she believes the date is unreasonable. The objection letter must be mailed to OR-OSHA and postmarked within 30 calendar days of the receipt by the employer of this Citation and Notification of Penalty.

**Adopting Federal Rules by Reference** - Whenever federal rules have been adopted by reference, the federal rule number has been noted in the citation. If information is needed regarding the Oregon standard, contact the OR-OSHA field office addressed at the top of the first page of this citation.

**Posting on the Internet** - Federal OSHA publishes information on all inspections and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to your inspection will be available not sooner than 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at [www.osha.gov](http://www.osha.gov). If you have any dispute with the accuracy of the information displayed, please contact this office.

If you would like to discuss this citation, call the OR-OSHA office in your area:

Portland (503) 229-5910  
Eugene (541) 686-7562

Salem (503) 378-3274  
Bend (541) 388-6066

Medford (541) 776-6030

COPY



**Oregon OSHA**

Oregon Department of Consumer &amp; Business Services

Inspection Number: 315665059

Inspection Dates: 02/01/2012-05/10/2012

Issuance Date: 05/29/2012

**Citation and Notification of Penalty**

Optional Rpt Num: F0065-018-12

Company Name: Chosen Wood Window Maintenance Inc

Inspection Site: 11945 S Township Rd, Canby, OR 97103

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for illness.

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

29 CFR 1910.1200(e)(1): The employer did not develop, implement, and/or maintain at the workplace a written hazard communication program which describes how the criteria specified in 29 CFR 1910.1200(f), (g), and (h) will be met:

a) There was no written hazard communication program for the employees who handled chemicals including, but are not limited to, primer, sealer, lacquer thinner, paint, oil, lubricant, glass cleaner, wood glues, and stripper, which may create skin and eye irritations, headache, dizziness, and nausea, as noted on or about February 1, 2012.

Date By Which Violation Must be Abated:

06/29/2012

Proposed Penalty:

\$

270.00

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

29 CFR 1910.1200(g)(1): The employer did not have a material safety data sheet for each hazardous chemical which they used:

a) There was no material safety data sheet (MSDS) for each chemical which was used at the workplace including, but not limited to, primer, sealer, lacquer thinner, glass cleaner, oil, lubricant, and stripper, as noted on or about February 1, 2012.

**THIS VIOLATION WAS COMPLIED WITH AT THE TIME OF INSPECTION.**

Date By Which Violation Must be Abated:

05/10/2012

**COPY**

See pages 1 through 3 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

**Oregon OSHA**

Oregon Department of Consumer &amp; Business Services

Inspection Number: 315665059

Inspection Dates: 02/01/2012 - 05/10/2012

Issuance Date: 05/29/2012

**Citation and Notification of Penalty**

Optional Rpt Num: F0065-018-12

Company Name: Chosen Wood Window Maintenance Inc

Inspection Site: 11945 S Township Rd, Canby, OR 97103

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

29 CFR 1910.1200(h)(1): The employer did not provide employees with effective information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new physical or health hazard the employees had not previously been trained about was introduced into their work area:

a) Records review and employer/employee interviews indicated that the employees who were working with chemicals including, but not limited to, primer, sealer, paint, glass cleaner, wood glues, lacquer thinner, and stripper, were not provided proper training.

Date By Which Violation Must be Abated:

06/29/2012

**COPY**

See pages 1 through 3 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

**Oregon OSHA**

Oregon Department of Consumer &amp; Business Services

Inspection Number: 315665059

Inspection Dates: 02/01/2012-05/10/2012

Issuance Date: 05/29/2012

**Citation and Notification of Penalty**

Optional Rpt Num: F0065-018-12

Company Name: Chosen Wood Window Maintenance Inc  
Inspection Site: 11945 S Township Rd, Canby, OR 97103

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for illness.

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

29 CFR 1910.134(c)(1): The employer did not ensure that a written respiratory protection program with work site-specific procedures was established and implemented to include the provisions of (i) through (ix), as applicable:

a) A written respiratory protection program, that should include the following as applicable, was not established and implemented by the employer. The employees were required to wear the 3M (5300 series) and MSA (0081 7662 series) half-face air-purifying respirators and 3M full-face air-purifying respirator, as noted on or about February 1, 2012:

- i) Procedures for selecting respirators for use in the workplace;
- ii) Medical evaluation of employees required to use respirators;
- iii) Fit-testing procedures for tight-fitting respirators;
- iv) Procedures for proper use of respirators in routine and reasonably foreseeable emergencies;
- v) Procedures and schedules for cleaning, disinfecting, storing, repairing, discarding, and otherwise maintaining respirators;
- vi) Procedures to ensure adequate air quality, quantity, and flow of breathing air atmosphere-supplying respirators (does not apply to your situation);
- vii) Training employees on the respiratory hazards to which they are potentially exposed during routine and emergency situation;
- viii) Training employees in the proper use of respirators, including putting on and removing them, any limitation on their use, and their maintenance; and
- ix) Procedures for regularly evaluating the effectiveness of the program.

Date By Which Violation Must be Abated:

06/29/2012

Proposed Penalty:

\$

270.00

**COPY**

See pages 1 through 3 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



**Oregon OSHA**

Oregon Department of Consumer & Business Services

Inspection Number: 315665059

Inspection Dates: 02/01/2012 - 05/10/2012

Issuance Date: 05/29/2012



**Citation and Notification of Penalty**

Optional Rpt Num: F0065-018-12

Company Name: Chosen Wood Window Maintenance Inc

Inspection Site: 11945 S Township Rd, Canby, OR 97103

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

29 CFR 1910.134(e)(1): The employer did not provide a medical evaluation to determine an employee's ability to use a respirator before the employee was fit tested or required to use a respirator in the workplace:

a) The employer did not provide a medical evaluation to determine the employee's ability to use the 3M half-face and the MSA half-face air-purifying respirators, as noted on or about February 1, 2012.

Date By Which Violation Must be Abated:

06/29/2012

**COPY**

See pages 1 through 3 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

**Oregon OSHA**

Oregon Department of Consumer &amp; Business Services

Inspection Number: 315665059

Inspection Dates: 02/01/2012 - 05/10/2012

Issuance Date: 05/29/2012

**Citation and Notification of Penalty**

Optional Rpt Num: F0065-018-12

Company Name: Chosen Wood Window Maintenance Inc

Inspection Site: 11945 S Township Rd, Canby, OR 97103

**Citation 2 Item 3** Type of Violation: **Other**

OAR 437-002-0134(1)(b): The employer did not verify that the required workplace hazard assessment had been performed through a written certification that identified the workplace evaluated; the person certifying that the evaluation had been performed; the date(s) of the hazard assessment; and, which identified the document as a certification of hazard assessment:

a) The employer could not verify that required workplace hazard assessment performed through a written certification that identified the workplace evaluated, as noted on or about February 1, 2012. The employees were provided with safety glasses, gloves, face shield, welding helmets, paper dust masks, and respirators.

**THIS VIOLATION WAS COMPLIED WITH AT THE TIME OF INSPECTION.**

Date By Which Violation Must be Abated:

05/10/2012

Proposed Penalty:

\$

0.00

**Citation 2 Item 4** Type of Violation: **Other**

OAR 437-001-0765(1): The employer did not establish and administer an effective safety committee or hold effective safety meetings as defined by these rules:

a) Records review and employer's interview indicated that the employer failed to establish and administer an effective safety committee or hold effective safety meetings, as noted on or about February 1, 2012.

Date By Which Violation Must be Abated:

06/29/2012

Proposed Penalty:

\$

0.00

**TOTAL PROPOSED PENALTIES**

\$

**\$40.00****COPY**

See pages 1 through 3 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



# OR-OSHA INSPECTION SUPPLEMENT

- (1) IMIS no.: 315665059 (2) Opt rpt no.: FOC65-018-12 (3) Emp. no.: 8540775-000
- (4) Date: 02-01-12 Time in: 09:45 Time out: 12:15 Travel time: 1.5  
02-03-12 07:30 08:30 1.0  
04-23-12 10:00 12:30 1.5  
05-10-12 10:00 11:00 1.5
- (5) Total inspection time: 7.0 hours
- (6) Legal name: Chosen Wood Window Maintenance Inc
- (7) DBA: \_\_\_\_\_
- (8) Telephone: (503) 246-3830 Telephone (cell/fax): \_\_\_\_\_
- (9) Site address: 11945 S Township Rd. Canby, OR 97103
- (10) Mailing address: Same
- (11) Legal entity: ☒ Corporation ☐ Partnership ☐ Sole owner (12) Scope: ☐ Comprehensive ☒ Partial
- (13) Insp. type: a. ☐ Accident b. ☒ Complaint c. ☐ Referral f. ☐ Follow-up g. ☐ Unprog-related h. ☐ Planned i. ☐ Prog-related
- Employed in Covered by Employed  
 (14) establishment: 6 inspection: 6 in Oregon: 6 (15) Union: Y(N)
- (16) OSHA 300 Log: 2011 (Year) OSHA 300
- | (G) | (H) | (I) | (J) | (K) | (L) | (1) | (2) | (3) | (4) | (5) | (6) |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|     | 1   |     |     | 2   |     |     |     |     |     |     |     |
- Column  
 (17) H&I = 1 X 200,000 = 200,000 Hours Worked 19505 = DART rate 10.25
- Type of operation Windows (18) Refrubish (19) SIC 1751 (20) NAICS 238350 (21) DART 1.5-2383 Statewide average
- (22) Management representatives
- | Name                | Title        | Opening                             | Insp                                | Closing                             |
|---------------------|--------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <u>Vern Forrest</u> | <u>Owner</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| _____               | _____        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| _____               | _____        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| _____               | _____        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
- (23) Employee representatives
- | Name      | Title | Opening                  | Insp                     | Closing                  |
|-----------|-------|--------------------------|--------------------------|--------------------------|
| <u>NA</u> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____     | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____     | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- (24) Photos taken: CD (# rolls) Developed: Y(N) Video: Y(N) Audio 0 (# of tapes)
- (25) Workers' comp. insurance carrier: Saf P Corp Number: A907673158
- (26) Standards furnished: HazCom, PPE, RPP, Safety Committee
- (27) Does employer lease any employees? Y(N) Leasing co. name: \_\_\_\_\_
- (28) Citation copies: \_\_\_\_\_

SIGNATURE OF COMPLIANCE OFFICER: Al Hagan

DATE: 05-10-12  
05/16/12 RCUH DROSH

**Item:** In the sanding room, the ventilation is inadequate. Employees are working with and removing lead-based paints.

**Finding:** Air monitoring was conducted during a routine sanding operation. Sampling result indicated no overexposure to Total Wood Dust.

**Item:** In the paint room, the ventilation is inadequate. Employees are working with urethane and lacquers. Fumes are causing people to become ill and one person needed to get medical attention.

**Finding:** The Health Compliance Officer was not able to do air monitoring during a regular spray operation, because the employer stopped spray operation. A hazard letter regarding spray finishing was issued to the employer.

**Item:** There is no ventilation in the stripping room, and toxic fumes can be smelled 30 feet away.

**Finding:** Air monitoring was conducted during a stripping process inside the Stripping Room. Sampling results indicated no overexposure.

**Item:** Large building has limited access/egress. In the event of a fire, there would not be enough exits near by.

**Finding:** Two doors (front and back) was observed inside the building. Based on the number of employees (6) it was determined that 2 exits, located at opposite ends of the building were adequate.

**Item:** Chemicals/paints are being dumped into a hole in the ground.

**Finding:** Employer and employee interviews could not confirm that chemicals are being dumped into a hole in the ground.

Department of Consumer and Business Services  
Oregon Occupational Safety and Health Division

Notice of Alleged Safety or Health Hazards

Fri Jan 27, 2012 3:24pm



I Forrest

Complaint Number		207948274	
Establishment Name	Chosen Wood Window Maintenance Inc		
Site Address	11945 S Township Rd, Canby, OR 97103		
	Site Phone	(503) 829-9559	Site FAX
Mailing Address	11945 S Township Rd, Canby, OR 97103		
	Mail Phone	(503) 829-9559	Mail FAX
Management Official	Vern Forrest		Telephone
Type of Business	Window Refurbishing		Ownership
Primary SIC	1751	Primary NAICS	238350

**HAZARD DESCRIPTION/LOCATION.** Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

**DESCRIPTION:**

- Item: In the sanding room, the ventilation is inadequate. Employees are working with and removing lead-based paints.
- Item: In the paint room, the ventilation is inadequate. Employees are working with urethanes and lacquers. Fumes are causing people to become ill and one person needed to get medical attention.
- Item: There is no ventilation in the stripping room, and toxic fumes can be smelled 30 feet away.
- Item: Large building has limited access/egress. In the event of a fire, there would not be enough exits near by.
- Item: Chemicals/paints are being dumped into a hole in the ground.

**LOCATION:**

No letters

05/16/12 RCVD OROSH



Organization Name:

Your Title:

OFFICIAL USE ONLY:

Identification	Reporting ID	1054193	Previous Activity	0	Opt. Number	21
	Establishment Name Change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Site Address Change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Employer ID	8540775-000		
Receipt Information	Received By	Y4048	Send OSHA-7? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date: 01/24/12 Time: 3:45 AM	Supervisor(s) Assigned	
					E0531	
Industry & Ownership	A. Private Sector					
Complaint Evaluation	Evaluated By	E0531	Subject/Severity			
	Is this a Valid Complaint? -- Yes		Health-Serious			
	Formality -- Non Formal					
Send Letter	Type					Date Letter Sent
Received Letter	Type					Date Letter Received
						Evaluation
Complaint Action	Inspection Planned? Yes	If Yes, Priority: 2	If No, Reason:			
	Transfer To (Name)					Transfer Date
	Transfer To Category					
Strategic Initiatives						
National Emphasis						
Local Emphasis						
Optional Information	Type	ID	Value			
			assign said			
Close Complaint						

COMMENTS

05/16/12 RCVD OROSH

Department of Consumer and Business Services  
Oregon Occupational Safety and Health Division



Worksheet

Mon May 14, 2012 10:36am

Inspection Number	315665059
Opt. Insp. Number	018-12

Establishment Name	Chosen Wood Window Maintenance Inc				
Type of Violation	S Serious	Citation Number	01	Item/Group	001 (a)
Number Exposed	6	No. Instances	1	REC	
Sid. Alleged Vio.	1910.1200( e)( 1)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
28					
Abatement Documentation Required			Date Verified		

Substance Codes	
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AVD/Variable Information:

29 CFR 1910.1200(e)(1): The employer did not develop, implement, and/or maintain at the workplace a written hazard communication program which describes how the criteria specified in 29 CFR 1910.1200(f), (g), and (h) will be met:

a) There was no written hazard communication program for the employees who handled chemicals including, but are not limited to, primer, sealer, lacquer thinner, paint, oil, lubricant, glass cleaner, wood glues, and stripper, which may create skin and eye irritations, headache, dizziness, and nausea, as noted on or about February 1, 2012.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
S	L		0.00	10	0	0	270.00
Repeat Factor		0					

Employee Exposure:

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
	Z Add transaction	A Add	S Serious	270.00		

Department of Consumer and Business Services  
Oregon Occupational Safety and Health Division



Worksheet

Mon May 14, 2012 10:34am

Inspection Number	315665059
Opt. Insp. Number	018-12

Establishment Name	Chosen Wood Window Maintenance Inc				
Type of Violation	S Serious	Citation Number	01	Item/Group	001 (b)
Number Exposed	6	No. Instances	1	REC	
Std. Alleged Vio.	1910.1200( g)( 1)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
0				05/10/12	
Abatement Documentation Required			Date Verified	05/10/12	

Substance Codes	
-----------------	--

AVD/Variable Information:

29 CFR 1910.1200(g)(1): The employer did not have a material safety data sheet for each hazardous chemical which they used:

a) There was no material safety data sheet (MSDS) for each chemical which was used at the workplace including, but not limited to, primer, sealer, lacquer thinner, glass cleaner, oil, lubricant, and stripper, as noted on or about February 1, 2012.

**THIS VIOLATION WAS COMPLIED WITH AT THE TIME OF INSPECTION.**

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
S	L		0.00	10%	0	0	0.00
Repeat Factor		0					

Employee Exposure:

Instance Description: A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
	Z Add transaction	A Add	S Serious	0.00	05/10/12	



Department of Consumer and Business Services  
Oregon Occupational Safety and Health Division



Worksheet

Mon May 14, 2012 10:34am

				Inspection Number	315665059
				Opt. Insp. Number	018-12
Establishment Name	Chosen Wood Window Maintenance Inc				
Type of Violation	S Serious	Citation Number	01	Item/Group	001 (c)
Number Exposed	6	No. Instances	1	REC	
Std. Alleged Vio.	1910.1200(h)(1)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
28					
Abatement Documentation Required				Date Verified	

Substance Codes	
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AVD/Variable Information:
---------------------------

29 CFR 1910.1200(h)(1): The employer did not provide employees with effective information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new physical or health hazard the employees had not previously been trained about was introduced into their work area:

a) Records review and employer/employee interviews indicated that the employees who were working with chemicals including, but not limited to, primer, sealer, paint, glass cleaner, wood glues, lacquer thinner, and stripper, were not provided proper training.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
S	L		0.00	10%	0	0	0.00
Repeat Factor		0					

Employee Exposure:
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Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
	Z Add transaction	A Add	S Serious	0.00		

Department of Consumer and Business Services  
Oregon Occupational Safety and Health Division



Worksheet

Mon May 14, 2012 10:34am

				Inspection Number	315665059
				Opt. Insp. Number	018-12
Establishment Name	Chosen Wood Window Maintenance Inc				
Type of Violation	S Serious	Citation Number	01	Item/Group	002 (a)
Number Exposed	2	No. Instances	1	REC	
Std. Alleged Vio.	1910.0134( c)( 1)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
28					
Abatement Documentation Required				Date Verified	

Substance Codes	
-----------------	--

AVD/Variable Information:
---------------------------

29 CFR 1910.134(c)(1): The employer did not ensure that a written respiratory protection program with work site-specific procedures was established and implemented to include the provisions of (i) through (ix), as applicable:

a) A written respiratory protection program, that should include the following as applicable, was not established and implemented by the employer. The employees were required to wear the 3M (5300 series) and MSA (0081 7662 series) half-face air-purifying respirators and 3M full-face air-purifying respirator, as noted on or about February 1, 2012:

- i) Procedures for selecting respirators for use in the workplace;
- ii) Medical evaluation of employees required to use respirators;
- iii) Fit-testing procedures for tight-fitting respirators;
- iv) Procedures for proper use of respirators in routine and reasonably foreseeable emergencies;
- v) Procedures and schedules for cleaning, disinfecting, storing, repairing, discarding, and otherwise maintaining respirators;
- vi) Procedures to ensure adequate air quality, quantity, and flow of breathing air atmosphere-supplying respirators (does not apply to your situation);
- vii) Training employees on the respiratory hazards to which they are potentially exposed during routine and emergency situation;
- viii) Training employees in the proper use of respirators, including putting on and removing them, any limitation on their use, and their maintenance; and
- ix) Procedures for regularly evaluating the effectiveness of the program.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
S	L		0.00	10%	0	0	270.00
Repeat Factor		0					

Employee Exposure:
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Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
	Z Add transaction	A Add	S Serious	270.00		

Department of Consumer and Business Services  
Oregon Occupational Safety and Health Division

Worksheet

Mon May 14, 2012 10:34am

Inspection Number		315665859	
Opt. Insp. Number		018-12	
Establishment Name	Chosen Wood Window Maintenance Inc		
Type of Violation	S Serious	Citation Number	01
Number Exposed	2	No. Instances	1
Std. Alleged Vio.	1910.0134( e)( 1)		
Item/Group	002 (b)		
REC			

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
28					
Abatement Documentation Required		Date Verified			

Substance Codes	
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AVD/Variable Information:
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29 CFR 1910.134(e)(1): The employer did not provide a medical evaluation to determine an employee's ability to use a respirator before the employee was fit tested or required to use a respirator in the workplace:

a) The employer did not provide a medical evaluation to determine the employee's ability to use the 3M half-face and the MSA half-face air-purifying respirators, as noted on or about February 1, 2012.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
S	L		0.00	10%	0	0	0.00
Repeat Factor		0					

Employee Exposure:
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Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
	Z Add transaction	A Add	S Serious	0.00		



Department of Consumer and Business Services  
Oregon Occupational Safety and Health Division



Worksheet

Mon May 14, 2012 10:34am

Inspection Number	315665059
Opt. Insp. Number	018-12

Establishment Name	Chosen Wood Window Maintenance Inc				
Type of Violation	O Other	Citation Number	02	Item/Group	003
Number Exposed	6	No. Instances	1	REC	
Std. Alleged Vio.	702.0134(01)( b)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
0				05/10/12	
Abatement Documentation Required			Date Verified	05/10/12	

Substance Codes	
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AVD/Variable Information:	
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OAR 437-002-0134(1)(b): The employer did not verify that the required workplace hazard assessment had been performed through a written certification that identified the workplace evaluated; the person certifying that the evaluation had been performed; the date(s) of the hazard assessment; and, which identified the document as a certification of hazard assessment:

a) The employer could not verify that required workplace hazard assessment performed through a written certification that identified the workplace evaluated, as noted on or about February 1, 2012. The employees provided with safety glasses, gloves, face shield, welding helmets, paper dust masks, and respirators.

**THIS VIOLATION WAS COMPLIED WITH AT THE TIME OF INSPECTION.**

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
B	L		0.00	0	0	0	0.00
Repeat Factor		0					

Employee Exposure:	
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Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
	Z Add transaction	A Add	O Other	0.00	05/10/12	

Department of Consumer and Business Services  
Oregon Occupational Safety and Health Division

Worksheet

Mon May 14, 2012 10:34am

Establishment Name		Chosen Wood Window Maintenance Inc		Inspection Number	312663
Type of Violation	O Other	Citation Number	02	Opt. Insp. Number	018
Number Exposed	8	No. Instances	1	Item/Group	004
Sid. Alleged Vio.	701.0765(01)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
28					
Abatement Documentation Required		Date Verified			
Substance Codes					

AVD/Variable Information:

OAR 437-001-0765(1): The employer did not establish and administer an effective safety committee or hold effective safety meetings as defined by these rules:

- a) Records review and employer's interview indicated that the employer failed to establish and administer an effective safety committee or hold effective safety meetings, as noted on or about February 1, 2012.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
O	L		0.00	0	0	0	0.00
Repeat Factor		0					

Employee Exposure:

Instance Description:

A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
	Z Add transaction	A Add	O Other	0.00		



# Oregon

John A. Kitzhaber, MD, Governor

Department of Consumer and Business Services  
Oregon Occupational Safety & Health Division (OR-OSHA)

Chosen Wood Window Maintenance Inc  
11945 S Township Rd  
Canby OR 97103

Inspection Number: 315665059  
Optional Report Number: F0065-018-12  
Employer Number: 8540775-000  
Inspection Date: 02/01/2012

The Oregon Occupational Safety and Health Division (OR-OSHA) conducted an inspection of your workplace located at 11945 S Township Rd, Canby, Oregon. The inspection was to determine if safety or health hazards were present which could cause injury or illness to your employees. Violations of safety and/or health rules were found during this inspection and the citation is enclosed.

In addition, the OR-OSHA representative noted certain conditions that are listed on the following page, which could cause injuries and/or illnesses. Although it is not mandatory to correct them at this time, if the work process, operation, exposure, etc., changes, these conditions could be cited as violations during future inspections. By initiating corrective measures, you could reduce the high cost and human suffering associated with work-related injuries and illnesses.

There may be other hazards present which were not apparent at the time of the inspection. If you need assistance in identifying and/or eliminating health or safety hazards consultative and training services are available to you at no cost through OR-OSHA by calling (503) 378-3272.

Your continuing effort to identify and eliminate work-related hazards is appreciated.

Barry Sandgren  
Enforcement Manager  
OR-OSHA Salem Field Office  
1340 Tandem Ave NE Suite 160  
PO Box 14513  
Salem OR 97309-0417  
(503) 378-3274

315665059-sas



## NOTICE

**Employer Name:** Chosen Wood Window Maintenance Inc  
**Employer Number:** 8540775-000  
**Inspection Number:** 315665059  
**Optional Report Number:** F0065-018-12

THE FOLLOWING IS A LIST OF CONDITIONS WHICH COULD CAUSE WORK-RELATED INJURIES OR ILLNESSES TO EMPLOYEES. ALTHOUGH NOT MANDATORY AT THIS TIME THE OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION ENCOURAGES YOU TO INITIATE CORRECTIVE MEASURES FOR THESE PROBLEM AREAS IN THE INTEREST OF REDUCING THE HIGH COST AND HUMAN SUFFERING ASSOCIATED WITH WORK-RELATED INJURIES AND ILLNESSES.

**Rule:** Spray Finishing OAR 437-002-0107

On February 1 2012 the Oregon Occupational Safety and Health Division (OR-OSHA) conducted a complaint generated health related inspection at Chosen Wood Window Maintenance Inc. located at 11945 S Township Road in Canby, Oregon. During the inspection, it was noted that doors and windows are sprayed with primer, sealer, lacquer, and latex paint (contains toluene, xylene, ethyl benzene, and acetone) inside the spray area that was created inside the large building (Wood Shop).

No citation was issued at this time, because the employer decided to stop and re-evaluate the spray operation and the Health Compliance Officer (HCO) was not able to perform air monitoring during a routine spray operation. However, the construction of the spray area and the wiring and lamps inside this area does not follow the spray operation rules.

OAR 437-002-0382 sets legal limits to employee exposure to chemicals including solvents such as toluene and xylene. In addition, OR-OSHA sets regulation on spray finishing using flammable and combustible liquid.

Spray finishing outside of a booth, as permitted by OAR 437-002-0107(3)(a)(A), (C), and (D) must be done only in a spray area that meets the following requirements;

All light switches, fans, receptacles, overhead lights and all other sources of ignition within 20 horizontal feet and 10 vertical feet of the overspray area must be inoperative or consist of Class I, Group D, explosion-proof types as specified in the National Electric Code, NFPA 33-2000 and ANSI C2-2002.

All building construction including floors, walls, ceilings, beams, etc., within 20 horizontal feet and 10 vertical feet of the overspray must consist of or be protected by non-combustible materials.

Protect all areas within 20 feet of the overspray area with automatic sprinklers. Where automatic sprinklers are not available, use other automatic extinguishing equipment. Alternatives may be used only when authorized in writing by the local fire authority.

## Notice

Aisles leading to exits from the spray finishing area must remain clear at all times.

Provide the spray finishing area with at least 6 air changes per hour of airflow.

Do not allow employees not engaged in spray finishing operations within 20 feet of the spraying and overspray area.

Employees engaged in spray finishing operations must be provided with and wear respiratory protection unless exhaust ventilation is provided and reduces employee exposure to any material in the finish or its solvent to below the limits established in OAR 437-002-0382, Oregon Rules for Air Contaminants. Follow all of the requirements of OAR 437-002-1934, Respiratory Protection.

Do not store combustible material or allow combustible material to accumulate in the spraying and overspray area unless specifically authorized in writing by the local fire authority.

Give the spraying, overspray area, daily housekeeping and maintenance while in use, and keep it free of any accumulations between uses. Use only non-sparking tools for cleaning purposes.

Combustible materials, such as paper, may be used to cover floors and walls in the spray and overspray area; but, must be removed at the end of the each work shift. The employer may use longer intervals only when the local fire authority has provided written approval to do so.

If during future inspections, same conditions regarding spray area/spray booth, and air flow are found, the company may be cited and penalties assessed.

Oregon OSHA recommends that you contact the consultative services of OR-OSHA at 503-373-7819 or the services of your workers' compensation carrier to assist you with your efforts in evaluating the spray-finishing hazard in your workplace.

## 02 HAZARD (code related) WORKSHEET

Employer Name: Chosen Wood Window Maintenance Inc.  
Report No: F0065-018-12

Rule: Spray Finishing OAR 437-002-0107

On February 1, 2012 the Oregon Occupational Safety and Health Division (OR-OSHA) conducted a complaint generated health related inspection at Chosen Wood Window Maintenance Inc. located at 11945 S Township Road in Canby, Oregon. During the inspection, it was noted that doors and windows are sprayed with primer, sealer, lacquer, and latex paint (contains toluene, xylene, ethyl benzene, and acetone) inside the spray area that was created inside the large building (Wood Shop).

No citation was issued at this time, because the employer decided to stop and re-evaluate the spray operation and the Health Compliance Officer (HCO) was not able to perform air monitoring during a routine spray operation. However, the construction of the spray area and the wiring and lamps inside this area does not follow the spray operation rules.

OAR 437-002-0382 sets legal limits to employee exposure to chemicals including solvents such as toluene and xylene. In addition, OR-OSHA sets regulation on spray finishing using flammable and combustible liquid.

Spray finishing outside of a booth, as permitted by OAR 437-002-0107(3)(a)(A), (C), and (D) must be done only in a spray area that meets the following requirements;

All light switches, fans, receptacles, overhead lights and all other sources of ignition within 20 horizontal feet and 10 vertical feet of the overspray area must be inoperative or consist of Class I, Group D, explosion-proof types as specified in the National Electric Code, NFPA 33-2000 and ANSI C2-2002.

All building construction including floors, walls, ceilings, beams, etc., within 20 horizontal feet and 10 vertical feet of the overspray must consist of or be protected by non-combustible materials.

Protect all areas within 20 feet of the overspray area with automatic sprinklers. Where automatic sprinklers are not available, use other automatic extinguishing equipment. Alternatives may be used only when authorized in writing by the local fire authority.

Aisles leading to exits from the spray finishing area must remain clear at all times.

Provide the spray finishing area with at least 6 air changes per hour of airflow.



**Do not allow employees not engaged in spray finishing operations within 20 feet of the spraying and overspray area.**

**Employees engaged in spray finishing operations must be provided with and wear respiratory protection unless exhaust ventilation is provided and reduces employee exposure to any material in the finish or its solvent to below the limits established in OAR 437-002-0382, Oregon Rules for Air Contaminants. Follow all of the requirements of OAR 437-002-1934, Respiratory Protection.**

**Do not store combustible material or allow combustible material to accumulate in the spraying and overspray area unless specifically authorized in writing by the local fire authority.**

**Give the spraying, overspray area, daily housekeeping and maintenance while in use, and keep it free of any accumulations between uses. Use only non-sparking tools for cleaning purposes.**

**Combustible materials, such as paper, may be used to cover floors and walls in the spray and overspray area; but, must be removed at the end of the each work shift. The employer may use longer intervals only when the local fire authority has provided written approval to do so.**

**If during future inspections, same conditions regarding spray area/spray booth, and air flow are found, the company may be cited and penalties assessed.**

**Oregon OSHA recommends that you contact the consultative services of OR-OSHA at 503-373-7819 or the services of your workers' compensation carrier to assist you with your efforts in evaluating the spray-finishing hazard in your workplace.**

**DEPARTMENT OF CONSUMER & BUSINESS SERVICES  
OR-OSHA DIVISION  
INDEX OF VIOLATIONS  
SEVERITY AND PROBABILITY RATINGS**

Optional Report Number-  
F0065-018-12

Establishment Name-Chosen Wood Window

And Page #	Code Reference	Hazard	File Page #	Employer Knowledge	Photos	Probability and Justification	Severity and Justification	C/W Page #
	1910.1200(e)(3)	There was no written hazard program in the work place	8	6	16-28- 29-30- 31-34	Low: Admin, some MSDS available, few employees	Serious: headaches, lung irritation, skin irritation could occur	
1-1b	1910.1200(g)(1)	There was no MSDS's for each single chemicals that was used at the workplace	8	6	16-29- 30-31	Low: Admin, some MSDS available, few employees	Serious: headaches, lung irritation, skin irritation could occur	
	1910.1200(h)(5)	Employees were not provided with information and training as specified in 29 CFR 1910.1340(h)(2)	8-57	6	16	Low: Admin, few employees	Serious: headaches, lung irritation, skin irritation could occur	
1-2a	1910.134(c)(1)	A written respiratory protection program with worksite-specific procedures was not established and implemented	8	6	18-29- 33-40- 41	Low: Admin, few employees, limit usage,	Serious: Pulmonary damage could occur	
	1910.134(d)(3)	Employees were not provided with a hazard evaluation	8-56-57-58	6	18-29- 40-41	Low: Admin, few employees, limit usage	Serious: discomfort, fatigue, pulmonary irritation	
2-3	DAR-437-002-0134(1)(b)	There was no written PPE hazard assessment	8	6-66		Low: PPE available and provided	Other: exposure to chemical can prevent	75-76-79
	DAR-437-001-0765(1)	Failed to establish and administer a safety committee or a safety meetings	8-56-57-58	85		Low: Admin, few employees	Other: discomfort and irritation could prevent	

## **Inspection Summary**

**Firm Name:** Chosen Wood Window Maintenance Inc

**Inspection Number:** 315665059

**Optional Report Number:** F0065-018-12

On February 1<sup>st</sup>, 2012, a complaint generated Health inspection was conducted and was opened with Vern Forrest (Owner) at Chosen Wood Window Maintenance Inc. The inspection was conducted by Saeid Attaran, Health Compliance Officer, OR-OSHA and took place at 11945 S Township Road in Canby, Oregon.

### **History:**

Chosen Wood Window Maintenance Inc. is a privately owned company that restores, rebuilds and reproduces sash, wood and windows and doors. The company first established in 1998. This is a non union shop and employs a total of 8 workers in this location during the course of inspection.

Inspection was generated due to a complaint indicated that; in the sanding room, the ventilation is inadequate. Employees are working with and removing lead-based paints. In the paint room, the ventilation is inadequate. Employees are working with urethanes and lacquers. Fumes are causing people to become ill and one person needed to get medical attention. There is no ventilation in the stripping room and toxic fumes can be smelled 30 feet away. Large building has limited access/egress. In the event of a fire, there would not be enough exits near by. Chemicals/paints are being dumped into a hole in the ground.

A walk around inspection was conducted and interviews held with employees to assess the validity of the complaint items.

### **Walk-around:**

The inspected location is about 15,000 square foot property that consists of Admin offices in the front and a Wood Shop including Sanding Room, Spray Area, Stripping Room, and production areas. Focus of the walk-around was to the Sanding Room, Stripping Room, and the Spray Area.

The nature of their job includes, but is not limited to, sanding and polishing, sawing and cutting, spray primer and latex paint, drilling, stripping paint, assembling, fix and repair windows and doors, install glasses, and other processes associated with repairing windows and doors.

Two industrial fans inside the Sanding Room and one fan inside the Stripping Room were observed to remove the wood dust and fume out of those areas. The employer stated that the Stripping Room used maybe twice per month and the spray area used for spraying lacquer and primer for limited time. Two exit doors observed inside the large building (front and back).

Personal air monitoring that was conducted on April 23, 2012, inside the Sanding Room during a routine sanding operation indicated no over exposure to total wood dust. In addition, air monitoring that was conducted at the same day inside the Stripping Room indicated no



overexposure to acetone, methanol, petroleum distillates, and toluene.

The issues regarding this business (fire hazards and building code violations) shared with Troy Buzalsky (Canby Chief Fire Marshal). However, the HCO was not able to perform a side by side inspection with him during the course of inspection.

#### **Records Review:**

After the initial walk-around of the entire facility and interviewing employees, the following documents were requested and reviewed by the HCO.

- a) **Hazard Communication Program:** A written program was not developed and was not present in the workplace. There was no MSDS for all chemicals used at the jobsite. Records review and employee interviews also indicated the employees who handled chemicals were not provided with basic hazcom training.
- b) **PPE Hazard Assessment-** The employer failed to verify a written hazard assessment that had been performed through a written certification. Observation and employee interviews indicated that PPE such as nitrile and latex gloves, safety glasses, coveralls, earplugs and ear muffs, paint suits, paint sacks, paper dust masks, half-face air- purifying respirator (3M and MSA) and paper dust masks were provided for employees and were adequate for the duties being performed.
- c) **Respiratory Protection Program (RPP) -** A written respiratory protection program with a worksite-specific procedure was not established and was not implemented. In addition, the employees who were required to wear half-face respirators were not medically evaluated and were not fit-tested annually.
- d) **Safety Committee/Safety Meetings –** Records review and employer/employee interviews indicated the employer failed to establish and administer a safety committee or have effective safety meetings.

A closing conference was held on May 10, 2012 with Vern Forrest (Owner) at Chosen Wood Window Maintenance Inc. covering all items on the closing conference form. The company was cited for lack of a written hazard communication program including MSDS and employees' training, for lack of a written Respiratory Protection Program including medical evaluation, for failing to verify a written hazard assessment had been performed, and for not establishing and administering a safety committee meeting or effective safety meetings. The employer stated that he is going to empty this location and move to a new location before the end of this year.

The methods to improve safety and health during the survey period and in general were discussed with the employer and necessary information regarding hazcom, PPE, respirators, spray finishing, storage of chemicals, eye wash station, fire extinguishers, safety committee, forklifts, methylene chloride, lead, and OR-OSHA consultation service was provided to the employer. The staff was cooperative and provided all necessary assistance. A hazard letter regarding spray operation was also issued to the employer.