

CHERIE BERRY COMMISSIONER OF LABOR

ANNE P. WEAVER **BUREAU CHIEF** PLANNING, STATISTICS AND INFORMATION MANAGEMENT OCCUPATIONAL SAFETY AND HEALTH DIVISION

May 11, 2011

Planned Parenthood Health Systems, Inc.

OSH No. 310400122

Log No. 16262

enter:

Per your written request, enclosed is an expunged copy of the occupational safety and health case file pertaining to the above. There is a total of 16 pages attached at no charge to you.

In accordance with North Carolina Department of Labor policies and N.C.G.S.95-136(e1), certain portions of OSH investigative files cannot be disclosed. This includes (for example) names, addresses, telephone numbers, or other identifying information related to complainants and witnesses; handwritten witness statements; medical records; and inter-agency and intra-agency documents or memoranda not containing factual information.

If we may be of further assistance, please do not hesitate to contact us.

Sincerely.

Statistical Research Assistant

Enclosure (s)

CONFIRMATION OF ABATEMENT

RETURN THIS FORM TO:

NORTH CAROLINA DEPARTMENT OF LABOR

Division of Occupational Safety and Health 4964 University Parkway, Suite 202 Winston-Salem, North Carolina 27106-2800 (336) 776-4420

FAILURE TO RESPOND BY THE DUE DATE MAY RESULT IN A FOLLOW-UP INSPECTION

| DATE FORM DU | JE:3/8/07 | FILE NO.: | 310400122 |
|--------------------------------------|--|-------------------------------------|---|
| COMPAN | Planned Parenthood P | Health Systems, | Inc. |
| LOCATIO | N:3000 Maplewood Ave | #112, Winston-Sa | alem, NC |
| THE ALLEGED \ | VIOLATIONS LISTED BELOW THAT WE TON BY THE NORTH CAROLINA DEPA | RE OBSERVED ON TH | 02/05/2007 |
| | G ABATEMENT DATE: | | VERE CORRECTED ON OR BEFORE |
| ITEM NUMBER | STANDARD OR REGULATION ALLEGEDLY VIOLATED | | N TAKEN TO CORRECT VIOLATION ach additional pages if needed) |
| One 1a | 1910.304(f)(4) | VIOLATION | FIXED BY |
| Two 1 | 1910.157(e)(2) | FIFE EXTIN | ON INSECTION |
| *** THE UNDERSIGI ABATEMENT DA | To be acceptable the A Taken To Correct Violation be described in detail. For other evidence of abat may be attached. NED ATTESTS THAT THE ABOVE ITEM TE. | action n must Thotos ement | ON OR BEFORE THE PRESCRIPED |
| REC'D FEE | T: | IGNATURE ITLE: ATE: 2,19,0 | IV.16.1910 8/04 OSHA 2D Single |

CASE AUDIT REPORT

| | | | CASE AUDI | T REPORT | | • | |
|-----------------|-----------------|---------------------|---------------|------------------|--------------|--------------------|----------------------|
| iteria File: p | • | 02/26/07 16:19 | | • | | Inspection # | : 310400122 |
| ISPECTION DATA | | : Planned Parentho | | ems, inc. | | Opt. Inspection | |
| | Site Address | s: 3000 Maplewood A | ve #112 | | • | Supervisor ID | : E7715 |
| | | Winston-Salem | | | | CSHO ID | : T1837 |
| | | NC 27103 | | | | Inspection Type | : Programmed Planned |
| | | | W4.45 | | | Entry Dt | : 02/05/07 |
| | Mail Address | s: 3000 Maplewood A | ve #112 | | | Close Conf Dt | : 02/05/07 |
| | | Winston-Salem | | | | Infor Conf Date | • |
| | | NC 27103 | | | | PMA STATUS | : |
| | | | | | | PNA DATE | ř |
| | | | | | | Contest(active) | : NO |
| | Contl Corp | : | | • | | Final Order | : |
| | | • | | | | Case Close Dt | : 02/26/07 |
| | | | | 100 | | | |
| ENALTY DATA (Su | | Penalty FT | A Penalty | PAYMENT | DATA (Summar | ·y) | |
| CHACIT DAIA (SC | жина уу | | ***** | | Total | Payments: \$ | 188.00 |
| D: | ue Date | : | | | Next | Install Dt: | |
| | urrent Assessed | | 0.00 | | Last | Install Dt: | |
| | nterest | : \$ 0.00 \$ | 0.00 | | Numbe | er of installments | s: 0 |
| =- | dm Fees | : \$ 0.00 \$ | 0.00 | PENALTY | COLLECTION D | OATA (Summary) | |
| | es Waived | : | | | | Dt Transfer | red Amt Transferred |
| | tatus | • | es. | | (Orig) DCAT | | \$ 0.00 |
| J | cu cuo | • | | | (FTA) DCAT | | \$ 0.00 |
| | • | | | | SOL | | |
| | | | | | | | |
| /IOLATION DATA | (Detail) | Haz # Rec Ex | p Inst Iss. D | t/ Abatements | Actions | | test Evnt/Act FAP |
| / ID Stan | dard | Code | FTA Dt | Date Ty/Cmp | Date Type | 111111 | Abt MS Pen |
| * **** | **** ** ** *** | *** | * **** **** | * ***** | **** | ******* | ** ** ** * * * * * |
| | | | | | | | |
| \$ 01001 a 1910 | 0304 f 4 | | | 07 03/08/07 A X | | \$ 188.00 | A |
| \$ 01001 b 1910 | 0305 g 1 i | ii A | 4 1 02/09/ | 707 02/14/07 A I | | \$ 0.00 | A . |
| O 02001 1910 | 0157 e 2 | | 8 2 02/09/ | 07 03/08/07 A X | | \$ 0.00 | A |
| PAYMENT DATA (D | etail) | | | | | | |

Total Paid

0.00

188.00

Amount Paid

188.00

OSHA-163 Nr.

508046638

Payment Dt

02/23/07

Ref/UnH ****** North Carolina Department of Labor Division of Occupational Safety and Health 4964 University Parkway, Suite 202

Winston-Salem, North Carolina 27106-2800/
Employer Name



Employer and Employee Rights and Responsibilities

This guide is provided to assist you, the employer or the authorized employee representative, in understanding your rights and responsibilities.

Issuance of Citations—A citation for alleged violations may or may not be issued. If issued, the employer and authorized employee representative will receive copies of all citations issued to the company.

Penalties—Each citation may or may not impose a monetary penalty. Penalties must be paid within 15 working days after receipt of citation and notification of penalty unless a written request is made either for an informal conference or a contestment of the citation or proposed penalty. Failure to correct any violation by the abatement date may result in a notification of failure to correct violation(s) and of proposed additional penalty based on number of days the violation goes uncorrected.

Abatement of Violation—For violations which you do not contest, you are required to return the OSHA Form 2D (Confirmation of Abatement) within ten (10) calendar days after the abatement date, to indicate that appropriate corrective action has been taken within the time frame set forth in this citation. If the employer contests the penalty only, all items must be abated by the dates indicated on the citation.

In addition for repeat, willful, and other serious violations as indicated, additional documents demonstrating that abatement is complete are required. This additional documentation may include, but not be limited to, evidence of the purchase or repair of equipment, photographic or video evidence of abatement, or other written records.

If indicated in the citation, you may be required to submit an abatement plan for each cited violation when time permitted for abatement is more than 90 calendar days. Failure to submit verification of abatement within the required time period could result in additional citations and penalties.

Posting of Citations and Employee Notification of Corrective Action—The employer must post each citation in a conspicuous place at or near the location of the violation for a period of at least three working days or until the hazard is corrected (whichever is longer). Failure to post a citation may result in a monetary penalty.

Additionally, the employer must inform affected employees and their representative(s) about abatement activities covered by the citations by posting a copy of each document submitted to the North Carolina Department of Labor or a summary of the document near the place where the violation occurred or where it will be readily observable. The employer must inform employees of their right to examine and copy all abatement documents submitted. Posted documents must remain posted for three working days after submission to the department.

Informal Conference—The employer may request an informal conference by notifying the Division of Occupational Safety and Health (OSH) in writing within 15 working days of receipt of a citation. Upon completion of an informal conference, the OSH Division will send to the employer by certified mail the results of the informal conference. The results will be an amended citation, a notice of no change, or a settlement agreement. The employer has 15 working days from receipt of either the amended citation or notice of no change to notify the OSH Division that the employer wishes to contest the citation and/or penalty, whether or not amended. At the discretion of the director, employee representatives may be afforded the opportunity to participate in the informal conference.

Contestment of Citation and/or Penalty—The employer may contest the citation by notifying the Division of Occupational Safety and Health in writing within 15 working days following receipt of citation. If the employer contests, the Safety and Health Review Board will assign the case to a hearing examiner who will schedule a hearing on the case.

The employees or their authorized representative(s) will be afforded the opportunity to participate in these proceedings pursuant to the rules of the posting of a citation by an employer.

Follow-Up Inspections—A follow-up inspection may be conducted to verify that the employer has posted the citation, corrected the violation as required in the citation, and adequately protected employees during multi-step or lengthy abatement periods.

Discrimination—It is unlawful to discriminate against employees who make safety or health complaints or request an OSHA inspection.

Employer Representative

Employee Representative

Safety/Health/Compliance Officer

White: Employer

Canary: File Copy

FEB Zoo

N. C. Department of La¹ r Division of Occupational Safety and Health

Worksheet

Wed Feb 7, 2007 4:02pm

| | | | | Inspection Number | 310400122 |
|--------------------|------------------|--------------------|------|-------------------|-----------|
| | | | | Opt. Insp. Number | 045-07 |
| Establishment Name | Planned Parentho | od Health Systems, | Inc. | | |
| Type of Violation | N NonSerious | Citation Number | 02 | Item/Group | 001 |
| Number Exposed | 8 | No. Instances | 2 | REC | **** |
| Std. Alleged Vio. | 1910.0157(e)(| (2) | | Processor (1997) | *** |

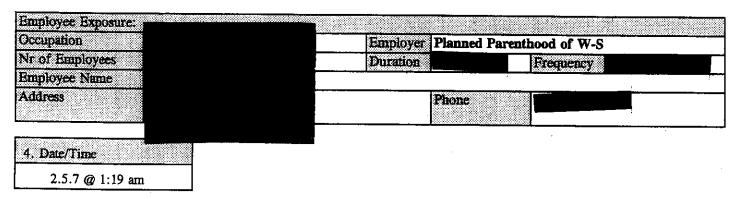
| Abatement MultiStep Abatements Period PPE Period Plan Report | Final Abatement | Action Type/Dates |
|--|-----------------|-------------------|
| 15 | | |
| Abatement Documentation Required | Date Verified | |

| Substance Codes | | · · · · · · · · · · · · · · · · · · · | |
|--|------|---------------------------------------|------|
| 1550 100 100 100 100 100 100 100 100 100 | | • | |
| | | | |

AVD/Variable Information:

29 CFR 1910.157(e)(2): Portable fire extinguishers were not visually inspected at least monthly (Note: 1910.38 and 1910.157 (b)(1)/(b)(2) exemptions were not met):

- a) haliway an abc fire extinguisher was missing its monthly inspection tag.
- b) recovery room an abc fire extinguisher was missing its monthly inspection tag.



20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident: ab) Delay in suppressing a fire / ...

| 21. Photo Number | Location on Video |
|---------------------|-------------------|
| #3 & 4 in case file | |

23. Employer Knowledge: ab) Yes. The employer stated wanted designated employees such as to put out incipient stage fires.

| Event Event Code Action Code Cita Date | itation Type | | Abate Final Date Orde | |
|---|--------------|------|--------------------------|--|
| Z Add transaction A Add N N | NonSerious | 0.00 | | |

N. C. Department of La' 'r Division of Occupational Safety and Health

Worksheet

Wed Feb 7, 2007 3:32pm

| | | | | Inspection Number | 310400122 |
|--------------------|------------------|--------------------|------|-------------------|-----------|
| | | | | Opt. Insp. Number | 045-07 |
| Establishment Name | Planned Parentho | od Health Systems, | Inc. | | |
| Type of Violation | S Serious | Citation Number | 01 | Item/Group | 001 (b) |
| Number Exposed | 4 | No. Instances | 1 | REC | |
| Std. Alleged Vio. | 1910.0305(g |)(1)(iii)(A) | | | |

| Abatement | | p Abateme | ents | Final Abatement | , | action Type/Dates |
|-----------|---------------|-----------|--------|-----------------|--------|-------------------|
| Period | PPE Period | Plan | Report | | | |
| 0 | | j | | Corrected | | |
| | | | | During | | |
| | | | | Inspection | | |
| Abatement | Documentation | Required | | Date Ve | rified | |

| Substance Codes | | |
|-----------------|------|--|
| | | |

AVD/Variable Information:

29 CFR 1910.305(g)(1)(iii)(A): Flexible cords or cables were used as a substitute for fixed wiring of a structure:

a) employee break room - a 120 volt microwave, which was plugged into an ungrounded extension cord, should have been plugged into a permanent outlet.

| Employee Exposure: | |
|--------------------|------------------------------------|
| Occupation | Employer Planned Parenthood of W-S |
| Nr of Employees | Duration Frequency |
| Employee Name | |
| Address | Phone |
| | |

| | Penalty Calculati | ons | | A | djusment Fe | ctors | | Proposed |
|---|---|--------|------|---------------------|----------------------|---------|--------------------------|---------------------|
| Severity (II High, M Modium, L. Low, N Numerican) | Probability (E High, M Medium, L Low) | GBP | Size | Good S&H Program | Faith Cooperation | History | Total Adjustment Pectors | Adjusted Penalty |
| M Medium | L Low | \$1250 | 40 | 25 | 10 | 10 | 85 | Grouped |
| Repeat Factor | 0 | | | | | | • | |

| 4 Date/I | ime | |
|----------|------------|----|
| 2. | 5.7 @ 1:33 | nm |

- 20. Instance Description Describe the following:
 - a) Hazards-Operation/Condition-Accident: Fire &/or shock/ A multi outlet extension cord was used to power a microwave (open ground outlet) and a two coffee makers. The extension cord was used in lieu of permanent wiring or plugging the devices into a permanent grounded outlet. The consequences of using the extension cords includes, but is not limited to, fire or overheating of flexible wiring and a shock hazard.
 - b) Equipment: NA
 - c) Location: break room
 - d) Injury/Illness: This citation was grouped with cit 01, item 002(a) for an ungrounded (open ground) outlet. The multi outlet extension cord was plugged into it and this increased the likelihood that a person could be shocked. The severity would be medium because an injury might require hospitalization or a temporary disability. The probability would be low because only 4 employees used the microwave oven on a regular basis, the proximity < 1 foot, the frequeincy was <2-6/wk, and the environmental working conditions were favorable.

e) Measurements: a)b) Employer/employee interviews, ac sensor, and photographs.

| 21. Photo Number | Location on Video |
|------------------|-------------------|
| #6 in case file | |

23. Employer Knowledge: Yes. This was a plain sight hazard and the employer walks around the facility every day.

| Event Code Date | Action Code | Citation Type | Penalty Abate Final Order |
|-------------------|-------------|---------------|---------------------------|
| Z Add transaction | A Add | S Serious | 0.00 |

N. C. Department of Later Division of Occupational Safety and Health

Worksheet

Wed Feb 7, 2007 4:09pm

| | | | | Inspection Number | 310400 | 122 |
|---|------------------|---------------------|------|---|---------|-----|
| *************************************** | | | | Opt. Insp. Number | 045 | -07 |
| Establishment Name | Planned Parentho | ood Health Systems, | Inc. | | | |
| Type of Violation | S Serious | Citation Number | 01 | Hem/Group | 001 (a) | |
| Number Exposed | 4 | No. Instances | 1 | REC | 002 (u) | — |
| Std. Alleged Vio. | 1910.0304(f) | (4) | | *************************************** | | |

| Abatement Period P | MultiS PE Period | tep Abatem Plan | ents Report | Final Abatement | | Action | Type/Dates | |
|-----------------------|---------------------|--------------------|----------------|-----------------|-------|--------|------------|--|
| 15 | | | | | | | | |
| Abatement Do | cumentatio | a Required | | Date Ve | nined | | | |

Substance Codes

AVD/Variable Information:

29 CFR 1910.304(f)(4): The path to ground from circuits, equipment, and enclosures was not permanent and continuous:

employee break room - a 120 volt outlet, which supplied power to a microwave oven and two coffee makers through a multi-outlet extension cord, had an open ground.

| Employee Exposure: | |
|-----------------------|------------------------------------|
| Occupation | Employer Planned Parenthood of W-S |
| Nr of Employees | Duration Frequency |
| Employee Name Address | |
| Address | Phone |
| | |

| Severity | Penalty Calculation Probability | | | | djustment Fe | ctors | | Proposed |
|--|---------------------------------|---------|------|-----|----------------------|---------|-------------------|---------------------|
| (H Right; M Mothers, L. Low, N Nomertone) | (H High, M Maddam). | GBP | Size | | Paith Cooperation | History | Toni Adjunment | Adjusted Penalty |
| M Medium | L Low | \$1,250 | 40% | 25% | 10% | 10% | Paccors 85% | £100 |
| Repeat Factor | 0 | | | | | 10/0 | 0570 | \$188 |

| 0.000 | |
|-------|--|
| 110 | stance Description: A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements |
| 40.00 | 11. Tracato D. Equiphicia C. Location D. Intury/liness F. Measurements |
| | , Jacobs Charles |
| _ | |

4. Date/Time 2.5.7 @ 1:30 pm

20. Instance Description - Describe the following:

- a) Hazards-Operation/Condition-Accident: Potential contact with electricity / A 120 voit outlet had an open ground. It supplied power to a multi-outlet cord that had a microwave and two coffee makers plugged into it. It presented a potential shock hazard to employees in the work/break area. The consequences of allowing the open grounded outlet to exist includes, but is not limited to, minor shock or tingling sensation to employees using the microwave.
- b) Equipment: NA
- c) Location: Employee break area
- d) Injury/Illness: The health effects of coming into contact with electricity through the ungrounded microwave could reasonably be predicted to be a minor shock or tingling sensation which might require some hospitalization, or prevent an employee from doing their normal job. (Medium Severity). There have been no reported instances at this facility of injuries due to electrical hazards. The probability that an employee would be injured by being shocked is low because 1) aproximately

4 employees regularly used the microwave or had easy access to it (worked near it), 2) the proximity was < 1 foot, 3) the frequency was 2-6/wk, 4) the flooring was dry tile, and 5) there were no gripping conditions.
e) Measurements: Employer/employee interviews, photographs, and AC sensor.

| 21. Photo Number | Location on Video |
|------------------|-------------------|
| photos 5 & 6 | |

23. Employer Knowledge: Yes. The employer used the microwave and was responsible for ensuring that all electrical equipment in the facility was safe for employees to use.

| | | | | <u></u> |
|-----|---|--|---------------|--|
| - [| Z Add transaction | A Add | S Serious | 188.00 |
| - [| 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | | Date Green |
| - [| Lagran . | | | Thete Co-day |
| - 1 | Date | | Change 1312 | renatty Abate Final |
| - 1 | Event Event Code | Action Code | Citation Type | CONTRACTOR AND CONTRACTOR OF THE PROPERTY OF T |
| | | NO DESCRIPTION OF THE PROPERTY | | |

C Department of Labor vision of Occupational Safety an. Jealth

Inspection Narrative



| ed Feb 7, 2007 3:29pm | | | | | |
|---|-----------------|-----------------------|-----------------|---|--------------|
| • | | | Inspection Nr. | *************************************** | 400122 |
| | | | Opt. Case Nu | mber 045 | -07 |
| stablishment Name Plann | ed Parentho | od Health System | s, Inc. | | |
| egal Entity A. Corporation | Туре | of Business 1 | Planned Parenth | ood | |
| | | | | ۴ | |
| | Additional Cr | tation Mailing Addre | ises . | | |
| | | | | | |
| | | sd Employee Groups | | | |
| | Organize | a cambro vec orombs | | | |
| | | | | | |
| | Authorized E | imployee Representati | ves | | |
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| | | | | | |
| | Employer R | epresentatives Contac | ed | | |
| ame | Title | : | Fur | nction | Walk Around? |
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| ntry 02/05/07 | 12:44 | First Closing Con | ference | 02/05/07 | 02:45 |
| pening Conference 02/05/07 | 12:45 | Second Closing C | | | |
| /alkaround 02/05/07 | 01:15 | Exit | | 02/05/07 | 03:00 |
| | | Case Closed | | | |
| | | | | | |
| | Penalty | Reduction Factors | | | |
| Size 40 | Good Fair | th 35 | Hist | OFY | 10 |
| *************************************** | | | \$ | | |
| ollowup Inspection? N R | eason | | | | |
| | | ····· | | | |
| A/ | Coverage Inform | mation/Additional Cor | nnients | | |
| | | | | | |
| SHO Signature | IMA | 7 | Date | n E. | |
| Veristand | Ly M C | verst | | 7 FZB | 07 |
| ccompanied By | t - | | | • | / |
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| Type ID Optional Information | |
|------------------------------|------------------------------------|
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| | |
| | |
| Signature Wristonian Webers | Date Reviewer Sentante Date 2-7-07 |
| | |

C Department of Labor vision of Occupational Safety ar. Iealth

Inspection Report



Wed Feb 7, 2007 3:29pm

| Rpt ID | Assignment Nr. | CSH0 ID | Supervisor ID | Inspection Nr. | Opt, Insp. Nr. |
|---------|----------------|---------|---------------|----------------|----------------|
| 0453720 | . 0 | T1837 | E7715 | 310400122 | 045-07 |

| Establishme | nt Name | Planned | Parenthood | Health | Systems, | Inc. | |
|---------------------|---|------------|-----------------|----------------|----------|---------------------|----------|
| | 3000 Maplewood Ave #112 Winston-Salem, NC 27103-4002 | | Site Phone | 555 1 ` | 768-2980 | Site (336) T | 768-6599 |
| Mailing Address | 3000 Maplewood Ave #112 Winston-Salem, NC 27103-4002 | | Mail Phone | | 768-2980 | Mail (336) 7 FAX | 768-6599 |
| Controlling Corp | | | Emple | yer ID | | | |
| | A. Private Sector | | City | 5120 | | County 067 | |
| Legal Entity | A. Corporation | Previous 1 | Activity (State | Only) | | | |

| Related | Activity |
|-----------------------|-----------------------|
| | |
| | |
| Type Number Satisfied | I VDC Number Sausined |
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| 1.3pc 2.4mco | 1)pc number consists |
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| Employed in Establishment | 8 Advance Notice? No | Category H. Health |
|---------------------------|----------------------|--------------------|
| Covered By Inspection | 8 Union? No | Interviewed? Yes |
| Controlled By Employer | 90 Walkaround? Yes | |
| Primary SIC | 8011 Secondary SIC | inspected |
| Primary NAICS | 621493 Secondary | NATCS Inspected |
| | NAICS | |

| Inspection Type | H. Programmed Planned Reason No Inspection |
|-----------------------|--|
| | A. Comprehensive Inspection |
| Classification | Health Planning Guide/Manufacturing |
| Strategic Initiatives | |
| National Emphasis | |
| Local Emphasis | |

| | No | Denial Date | Date ReEntered | ReEntered |
|-------------------------------|----|-------------|----------------|-----------|
| Anticipatory Warrant Served? | | | | |
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| Anticipatory Subpoena Served? | | | | |
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| Entry 02/05/07 | 12:44 | First Closing Conference 02/05/07 | 02:45 |
|-----------------------------|-------|-----------------------------------|-------|
| Opening Conference 02/05/07 | 12:45 | Second Closing Conference | |
| Walkaround 02/05/07 | 01:15 | Exit 02/05/07 | 03:00 |
| Days On Site 1 | **** | Case Closed | |
| | | No Citations Issued | |

NC Department of Labor

Division of Occupational Safety and Health

Inspection Number: 310400122

Inspection Dates: 02/05/2007 - 02/05/2007

Issuance Date: 02/09/2007



Citation and Notification of Penalty

Company Name:

Planned Parenthood Health Systems, Inc.

Inspection Site:

3000 Maplewood Ave #112, Winston-Salem, NC 27103-0002

Citation 2 Item 1 Type of Violation: Nonserious

29 CFR 1910.157(e)(2): Portable fire extinguishers were not visually inspected at least monthly (Note: 1910.38 and 1910.157 (b)(1)/(b)(2) exemptions were not met):

- a) hallway an abc fire extinguisher was missing its monthly inspection tag.
- b) recovery room an abc fire extinguisher was missing its monthly inspection tag.

Date By Which Violation Must be Abated: Proposed Fenalty

03/08/2007 \$ 0.00

Bon Dains

for the Director

NC Department of Labor

Division of Occupational Safety and Health

Inspection Number: 310400122

Inspection Dates: 02/05/2007 - 02/05/2007

Issuance Date: 02/09/2007



Citation and Notification of Penalty

Company Name:

Planned Parenthood Health Systems, Inc.

Inspection Site:

3000 Maplewood Ave #112, Winston-Salem, NC 27103-0002

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for injury resulting from an accident.

Citation 1 Item 1a Type of Violation: Serious

29 CFR 1910.304(f)(4): The path to ground from circuits, equipment, and enclosures was not permanent and continuous:

a) employee break room - a 120 volt outlet, which supplied power to a microwave oven and two coffee makers through a multi-outlet extension cord, had an open ground.

Date By Which Violation Must be Abated: Proposed Penalty:

03/08/2007 \$ 188.00

Citation 1 Item 1b Type of Violation: Serious

29 CFR 1910.305(g)(1)(iii)(A): Flexible cords or cables were used as a substitute for fixed wiring of a structure:

a) employee break room - a 120 volt microwave, which was plugged into an ungrounded extension cord, should have been plugged into a permanent outlet.

Date By Which Violation Must be Abated:

Immediately Abated



NC Department of Labor

Division of Occupational Safety and Health 4964 University Parkway, Suite 202 Winston-Salem, NC 27106

Phone: (336)776-4420 FAX: (336)767-3989



INVOICE/ DEBT COLLECTION NOTICE

Company Name: Planned Parenthood Health Systems, Inc. Summary of Penalties for Inspection Number 310400122

Citation 1, Serious = \$ 188.00 Citation 2, Nonserious = \$ 0.00 TOTAL PROPOSED PENALTIES = \$ 188.00

Please remit payment promptly to Attn: Budget - Collections, NC Department of Labor at 1101 Mail Service Center, Raleigh, NC 27699-1101, for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: NC Department of Labor, OSHA Division. For payment by credit card, complete the form provided. Please indicate OSHA's Inspection Number (indicated above) on the remittance.

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



RE EXTINGUISHER SALES & JERVICE

A Division of Commercial Services, Inc.

Asheboro, NC 336-629-1381/800-682-6856

Monroe, NC 704-821-1241/888-255-8539

Morrisville, NC (Home Office) 919-469-5168/800-347-8243

Winston Salem, NC 336-724-6639/800-849-5019



REMIT PAYMENT TO: FIRE EXTINGUISHER SALES & SERVICE 131 INTERNATIONAL DRIVE MORRISVILLE, NC 27560

WORK ORDER #1027253

Service Date: 2/19/07

| Service Technician: | |
|---------------------|--|

| Bill To |): | | | | Service | Address: | Planned Paren 3000 Maples | tha | d |
|----------|---------------------------------------|--|---------------|--|---------------------------------------|--|--|-----------|--|
| | | | | | / | Aum css | 3000 Manle | had | 1 ship |
| | | | | · · · | 4/4 | <u>-</u> | INS NO 201 | <u> </u> | NVF. |
| ۴ | | 1.9 1000 | | | 11/2 | - | 1(1), 14(3/11 | 75 | |
| Phone: | nid | 68-2980 1-10-1 TO-F | 19- | 6- | Contact | Name: _ | P.C |).#: | |
| F' : ' | | And the second s | Call Spinish | Control of the Contro | | | | | |
| | | | | | | | | | |
| ろ | S-AFEM | Ext. Inspections: (A)(SA)(MO) | S5 8 | Cs AHC | | S-SAPSSM | System Inspection | \$ | s |
| | | Extinguisher Installations | \$ | \$ | | | Additional Agent Cylinder(s) | S | s |
| | | Refill (Pressurize) | √ \$ | \$ | | | Labor: INSTALLATION | \$ | \$ |
| 1 | S-SC | (Service Call) / (Call In) | \$ | \$ 25.00 | | S-SC | Service Call | s | \$ |
| | S-H | Hydrotest-Low Pressure (S) | \$ | \$ T | | S-H | Hydrotest-Low Pressure (S) | S | \$ |
| | S-H | Hydrotest-High Pressure | \$ | \$ | | S-H | Hydrotest-High Pressure | \$ | \$ |
| | S-6YR | Six Year Maintenance Tear Down | \$ | \$ | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | 3234 | Pusible Links (360 deg.) | \$ | s |
| | | Verification Collar | \$ | \$ | | 3235 | Pusible Links (450 deg.) | \$ | \$ |
| | N-PP | Pull Pin | \$ | \$ | | 3236 | Pusible Links (500 deg.) | \$ | \$ |
| | | Tamper Seals | \$ | \$ | | | Fusible Links (other) | \$ | \$ |
| | | (DOT) / (Haz Mat) Labels | \$ | \$ | 1 | 77695-1 | Tefion Blow Off Caps | \$ | \$ |
| | S-RC | Recharge:2 1/2 lb (ABC) (BC) | - 15 | \$ | 1 - | 17492 | CO2 Cartridge - 101-20 | \$ | <u> </u> |
| | S-RC | Recharge:5 lb (ABC) (BC) (CO2) | 18 | \$ | 1 - | | CO2 Cartridge - 101-30 | \$ | \$ |
| | S-RC | Recharge: 10 lb (ABC) (BC) (CO2) | \$ | \$ | 1 - | 73022 | Nitrogen Cartridge - Double Tank | \$ | \$ |
| | S-RC S-RC | Recharge:15 ib (ABC) (BC) (CO2) | \$ | \$ | | C02-6-1 | CO2 Cartridge (PCL) | \$ | \$ |
| | S-RC | Recharge:20 lb (ABC) (BC) (CO2) | \$ \$ | \$ | i i i i i i i i i i i i i i i i i i i | HATTE SE VINE | Cartridge:Other | \$ | \$ |
| | S-RC | Recharge:Clean Agent: Recharge:Other | - 0 | \$ \$ | | C PA | | | |
| | 3-KC | CO2 Hose Horn & Nozzle | 10 | \$ | 1 | S-FA | System Inspection & Test | \$ | \$ |
| | | Nozzle-Extinguisher | - e | \$ | -╂ | S-SC | Smoke Detector Sensitivity Test Service Call | \$ | \$ |
| | <u> </u> | Hose-Extinguisher | s | - 3 | 1 | D-0C | Service Citi | \$ | \$ |
| | | Band-Extinguisher | s | \$ | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Smoke Detector | S | \$ |
| | | Gauge | s | s | 1 | | Heat Detector-Rate of Rise-Fixed | - | <u> </u> |
| | | Wall Hook | \$ | s | | | Manual Pull Station | s | |
| | | Vehicle Bracket | \$ | s | | | Standby Battery | \$ | 3 |
| | | Valve Stem | \$ | \$ | 12000 | and the same | and the second of the second o | | |
| | | Halon / Haiotron # lb. | \$ | \$ | | Charles and the same of the sa | And the second state of the second state of the second sec | \$ | 3 |
| | | O-Ring | \$ | \$ | | | | \$ | s |
| | _ | Halon Reclaim / Recover | \$ | \$ | | | | \$ | s |
| | | | | and the second second | | | | \$ | \$ |
| 2 | ex 1 | SP MOC - NEW | \$54' | 728/04.85 | 2 | | | S | \$ |
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| /isa | M/C_ | AMEXExpiration Date | | | | | | | |
| | | CAPITATION Date | ». <u> </u> | | _ | • | | | |
| Card# | | Apr | oroval# _ | | | | Total Labor: \$ | \sim | 25.00 |
| _ | | | | | | | | 10 | 4.85 |
| | r Signature | | | | | | Total Parts*: \$ | | 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 |
| ustomer | Signature o | onfirms all products and services listed i | nave been | returned to custome | er. | | *Sales Tax: \$ | <u>//</u> | <u>70</u> |
| rint Nan | ne . | _ Dat | re: <u>2/</u> | 14167 | - | | Haz Mat Charge: \$ | <u> </u> | 00 |
| lr | nitial Here to | Indicate Your Approval to Set Up Regula | r Maintena | ance Service Schedu | le. | | TOTAL: \$: | 141 | 1.93 |

Servants Electric

Office: (336) 924-9375

Cell:

Account/Location of Service:

Planned Parenthood

3000 Maplewood Ave Suite 112 Winston-Salem NC 27103

The following repair was made on February 15, 2007: Ground wire installed to 120V outlet located in employee break room.

