



Citation and Notification of Penalty

Company Name: Planned Parenthood Preterm Clinic
Inspection Site: 1055 Commonwealth Avenue, Boston, MA 02215

Citation 1 Item 1 Type of Violation: Other

29 CFR 1910.1200(f)(5)(ii): The employer did not ensure that each container of hazardous chemicals in the workplace was labeled, tagged or marked with the appropriate hazard warnings:

Procedure Room #7:

On June 19, 2002, a one quart bottle of Cavicide (15% isopropanol) which constituted more than one shift's supply of disinfectant did not have a hazard warning label affixed.

Date By Which Violation Must be Abated:	08/19/2002
Proposed Penalty:	\$ 0.00

A handwritten signature in cursive script, reading "Brenda J. Gordon".

Brenda J. Gordon
Area Director

SUMMARY OF PROPOSED PENALTIES

Summary of Penalties for Inspection Number 305541443

Citation 1, Other	= \$	0.00
TOTAL PROPOSED PENALTIES	= \$	0.00

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



Inspection Report

Thu Jun 20, 2002 10:57am

Rpt ID	Assignment Nr.	CSHO ID	Supervisor ID	Inspection Nr.	Opt. Insp. Nr.
0111400	810087445		C6957	305541443	183

Establishment Name		Planned Parenthood Preterm Clinic			
Site Address	1055 Commonwealth Avenue Boston, MA 02215	Site Phone	(617) 616-1600	Site FAX	(617) 616-1675
Mailing Address	1055 Commonwealth Avenue Boston, MA 02215	Mail Phone	(617) 616-1600	Mail FAX	(617) 616-1675
Controlling Corp		Employer ID			
Ownership	A. Private Sector	City	0120	County	025
Legal Entity		Previous Activity (State Only)			

Related Activity					
Type	Number	Satisfied	Type	Number	Satisfied
C. Complaint	204013528	Health			

Employed in Establishment		Advance Notice?	No	Category	H. Health
Covered By Inspection		Union?	No	Primary SIC	8011
Controlled By Employer		Walkaround?	Yes	Secondary SIC	
		Interviewed? (State only)	Yes	Inspected (State Only)	

Inspection Type	B. Complaint	Reason No Inspection	
Scope of Inspection	B. Partial Inspection		
Classification			
Strategic Initiatives			
National Emphasis			
Local Emphasis			

Anticipatory Warrant Served?	No	Denial Date		Date ReEntered		Date ReDenied		ReEntered	
Anticipatory Subpoena Served?	No								

Entry	06/12/02	10:00	First Closing Conference	06/19/02	16:48
Opening Conference	06/12/02	10:10	Second Closing Conference		
Walkaround	06/19/02	14:25	Exit	06/19/02	17:01
Days On Site	2		Case Closed		
			No Citations Issued		

Type	ID	Optional Information

CSHO Signature		Date	6/20/02
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Notice of Alleged Safety or Health Hazards

Thu Jun 20, 2002 10:18am

		Complaint Number		204013528	
Establishment Name		Planned Parenthood Preterm Clinic			
Site Address		1055 Commonwealth Avenue, Boston, MA 02215			
		Site Phone		(617) 616-1600	
		Site FAX		(617) 616-1675	
Mailing Address		1055 Commonwealth Avenue, Boston, MA 02215			
		Mail Phone		(617) 616-1600	
		Mail FAX		(617) 616-1675	
Management Official		Beth Belinky		Telephone	
Type of Business		healthcare clinic			
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:

1. Cleaning solutions such as bleach, ultrex (1,5-Pentaedial, citrace (o-pheyl phenol and ethanol), and perfer (glyoxal and ethanol) used in the Procedure Rooms and Ultrasound Room are not adequately vented.

LOCATION:



Notice of Alleged Safety or Health Hazards

Thu Jun 20, 2002 7:24am

		Complaint Number		203674874	
Establishment Name		Planned Parenthood Preterm Clinic			
Site Address		1055 Commonwealth Avenue, Boston, MA 02215			
		Site Phone	(617) 616-1600	Site FAX	(617) 616-1617
Mailing Address		1055 Commonwealth Avenue, Boston, MA 02215			
		Mail Phone	(617) 616-1600	Mail FAX	(617) 616-1617
Management Official		Sandy Maislen		Telephone	
Type of Business		clinic			
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:

1. Clinic has inadequate ventilation causing employees to suffer eye irritation, nausea, headaches, memory loss and lung problems.
2. Cleaning solutions such as bleach, ultrex (1,5-Pentanediol), citrace (o-phenyl phenol and ethanol), and prefer (glyoxal and ethanol) are not adequately vented in the sink area.

LOCATION:

ORIGINAL COMPLAINT
Non formal + closed

SAFETY NARRATIVE

Inspection Number

305541443

COVERAGE INFORMATION

NATURE AND SCOPE

Check Applicable Boxes and Explain Findings:

☒ Complaint Items

June 10, 2002, an employee who was on medical leave filed a complaint, sent a fax with a signature requesting an on-site inspection.

NATURE AND SCOPE -- UNUSUAL CIRCUMSTANCES (Mark X and explain all that apply:)

☒ Other

Comments: Complainant filed a non-formal complaint August 2001 (see history of Planned Parenthood). The state consultative program conducted personal monitoring for exposed employees. The results were well below OSHA PEL's, no significant hazard could be identified. The conclusion that 2 out of 100 employees in the clinic were suffering sensitivities to chemicals. The complaint was closed in November 2001. Employee continued to pursue this issue.

OPENING CONFERENCE NOTES: June 12, 2002, CSHO arrived on site, met Beth Belinky and Sandy Maislen and showed credentials and explained the purpose of visit. They stated the whole facility was attending an annual meeting. They stated that the CSHO was welcome to walk around the facility in the areas of concern but no one would be working. CSHO made arrangements to return when operations would be ongoing.

Returned to the site, met Beth Belinky and conducted a walkaround, CSHO observed the cleaning/disinfecting operations and conducted an assessment of employee exposure. No levels of exposure could be discerned.

RECORDKEEPING PROGRAMS

(Other than 29 CFR 1904 requirements)

Does the employer have a recordkeeping program relating to any occupational health issues (monitoring, medical, training, respirator fit tests, ventilation measurements, etc.)?

☐ Yes ☒ No

Are any programs required by OSHA health standards?

☐ Yes ☒ No

COMPLIANCE PROGRAMS

(engineering controls, PPE, regulated areas, emergency procedures, compliance plans, etc.)

*The company has 10 room changes per hour in the clinic. It was the highest amount of general ventilation that the system could deliver.

HAZARD COMMUNICATION PROGRAM

Written Program (complete)

☒ Yes ☐ No

MSDS's (all)

Labeling (adequate) ☒ Yes ☐ No

Training (complete) ☐ Yes ☒ No

Copy MSDS's/Program attached ☒ Yes ☐ No

☐ Yes ☒ No

Comments: One bottle of Cavicide (isopropyl alcohol) greater than one day's supply did not have a hazardous warning label.

ACCESS TO EXPOSURE & MEDICAL RECORDS: yes.

EXPOSURE CONTROL PLAN: Available.

EVALUATION OF EMPLOYER'S OVERALL SAFETY AND HEALTH PROGRAM

General Industry:

☒ Yes ☐ No Employer has a Safety & Health Program

☒ Yes ☐ No Written

☒ Yes ☐ No Copy Attached

Evaluation of Safety and Health Program

(0=Nonexistent 1=Inadequate 2=Average 3=Above average)

Written S&H Program

Communication to Employees

Enforcement

Safety Training Program

Health Training Program

Accident Investigation Performed

Preventive Action Taken

Comments:

CLOSING CONFERENCE NOTES:

Were any unusual circumstances encountered such as, but not limited to, abatement problems, expected contest and/or negative employer attitude? If yes, explain below.

☐ Yes ☒ No

Although not required by OSHA standards, the company made a good faith effort to reduce or eliminate exposure whenever feasible. They have also been receptive to recommendations made by OSHA.

19. Closing Conference Checklist ("x" as appropriate)

- ☐ No Violations Observed
- ☒ Gave Copy Employer Rights
- ☒ Reviewed Hazards & Standards
- ☒ Discuss Employer Rights/Obligations
- ☒ Encouraged Informal Conference
- ☒ Offered Abatement Assistance
- ☐ Discussed Consultation Programs

On June 19, 2002, held a closing conference with Beth Belinky. Recommended that they provide local ventilation. Explained not having a hazard warning label violates OSHA standards. Reviewed employer's responsibilities. Then, CSHO left the facility.

June 20, 2002, contacted Office of Technical Assistance and requested they provide assistance t Planned Parenthood. They said they could.

PLANNED PARENTHOOD ACTIVITY HISTORY 1055 COMM. AVE, BOSTON

August 21, 2001

-A nonformal complaint (3#203674874) as filed by , about exposure to various cleaning solutions i.e. Ultrex (tissue fixative) and bleach (disinfectant).

-Employer sent a response including the ventilation specifications, 10 room changes per hour, twice as much as required in a office.

October 3, 2001

-On-site Consultation program conducts air sampling for bleach and alcohols. Levels found were well below OSHA PEL's. Results: .006 ppm bleach (OSHA ceiling 1.0 ppm) 1 ppm of alcohol (lowest PEL is methyl alcohol at 200 ppm TWA)

-State recommended continuing IAQ survey as necessary

November 23, 2002

-Recvd copy of Consultation visit complaint closed 11/26/02 IMIS updated.

-About this time, in response to another employee, , who was experiencing allergies to bleach and Ultrex, the company substituted where feasible. The Ultrex was substituted for Prefer which contains mostly ethanol (OSHA PEL of 1,000 ppm TWA) and glyoxal which has no established limits and the vapor pressure is almost non-existent (off-gassing, slim to none). The Prefer is a bi-functional aldehyde. IT IS NOT FORMALDEHYDE.

The bleach solution used to clean contaminated surfaces and disinfecting sinks after all instruments were washed was substituted for Citrus II which contains Diethylene Glycol n-Butyl Ether /ammonium chloride and has no established limits. Bleach solution 1:10 is still used for cleaning the hoses after each procedure as required by the State Public Health. About ½ cup of solution is used for each procedure. **The Citrus II does not have any incompatibilities with other chemicals.** Bleach solution is flushed into the sink with running water and Citrus II is not used concurrently with bleach. There is plenty of dilution.

April 3, 2002

-Recvd call from complainant who wanted an on-site inspection. She had left work 2 days prior because of symptoms she was experiencing which she believed were occupationally related.

April 5, 2002

-CSHC called the stated consultant, , for advice. The only contaminant he thought may cause symptoms was the back-up diesel generators were being used the day of sampling. They are no longer being used.

talked to complainant and sent her a copy of the consultation report.

April 12, 2002

April 14, 2002

-Complainant called and wanted to talk to to request an on-site inspection. Stated that the Cal Tech/citrace (ethanol and ortho-phenyl phenol) and Prefer (ethanol) are the source of exposure. wants the company to improve the ventilation. told her there were no significant exposures found and OSHA cannot require ventilation if there is no overexposure.

May 20, 2002

called Pat Catino to file a complaint about the same issues. He explained that a nonformal complaint had already been filed. The state consultation already conducted an exposure assessment and he was satisfied with the response and felt no further action was needed. He told if she wanted an on-site inspection, she must send in a letter and sign it.

June 10, 2002

received a call from the , who wanted a on-site inspection. stated that employees were being exposed to chemicals that were being mixed during work activities. also stated that ammonia and bleach were mixing during use and that the Prefer contains formaldehyde. discussed course of action to put this issue to rest. An on-site inspection would be conducted.

June 12, 2002

An opening conference was conducted. No work was being done because the whole clinic was

attending an annual meeting. CSHO made arrangements to return.

June 19, 2002

A walkaround was conducted. All chemicals used were noted, MSDS were obtained and reviewed. Logs of Injuries and Illnesses were reviewed. Employee interviews were conducted. CSHO observed employees cleaning the procedure rooms: disinfecting work surfaces, instruments and handling of tissue which is placed a plastic vial, Prefer (a tissue fixative) poured in and immediately capped and brought to the Pathology Lab.

The **Prefer** is a bi-functional aldehyde (glyoxal). It is not formaldehyde and is not a carcinogen. The vapor pressure is almost non-existent and would not off-gas unless it is heated which is not done in this facility. It is a skin and eye irritant. Although respiratory effects are not known, presumably coughing and shortness of breath may occur.

The **Citrus II** is a disinfectant and contains a low concentration of ammonium chloride, a stable compound. None of its ingredients are regulated by OSHA. Employees spray it on work surfaces and wipe with paper towels and on various instruments and scrubbed with a brush under running water like washing dishes. A cup of 1/10 bleach solution is poured into the hoses and drains into the sink while water is running. It is disinfected after each use in this manner as required by Public Health. A great amount of dilution which takes place as the water is running in the sink throughout the cleaning processes. The likelihood of a reaction occurring between the ammonium chloride and bleach is remote and only resulting in a weak solution.

Cavicide is used only when there is a large spill of blood or other potentially infectious material which occurs about 2-3 times per month. Its main ingredient is ethanol.

In the Fall 2001, 2 employees experienced sensitivity to the various disinfectants and tissue fixative. The company substituted some for safer products. The company selected Prefer and Citrus II to replace the Ultram and Citrace. Cavicide which was used more frequently is now only used for large spills. The clinic's general ventilation is set at 10 room changes per hour, the highest amount of ventilation the system can deliver.

CSHO spoke with _____ is currently experiencing chronic symptoms from exposure mainly to the Cavicide and bleach. _____ said the company has taken measures to reduce exposure.

No mixing of bleach and ammonia was observed, no exposure was detected at the time of inspection. According to management and employees, that day was representative of typical work conditions.



Worksheet

Mon Jul 22, 2002 11:35am

Inspection Number	305541443
Opt. Insp. Number	183

Establishment Name	Planned Parenthood Preterm Clinic				
Type of Violation	O Other	Citation Number	01	Item/Group	001
Number Exposed	20	No. Instances	1	REC	
Std. Alleged Vio.	1910.1200(f)(5)(ii)				

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

Substance Codes	
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AVD/Variable Information:	
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29 CFR 1910.1200(f)(5)(ii): The employer did not ensure that each container of hazardous chemicals in the workplace was labeled, tagged or marked with the appropriate hazard warnings:

Procedure Room #7:

On June 19, 2002, a one quart bottle of Cavicide (15% isopropanol) which constituted more than one shift's supply of disinfectant did not have a hazard warning label affixed.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01	0.00	20	15	10	0.00
Repeat Factor		0					

Employee Exposure:						
Occupation	Nurse/Ultrasound	Employer	Planned Parenthood			
Nr of Employees	20	Duration	> 1 yr	Frequency	weekly	
Employee Name						
Address			Phone	() -		
	,					
Occupation	Ultrasound	Employer	Planned Parenthood			
Nr of Employees	20	Duration	> 1 yrs	Frequency	weekly	
Employee Name						
Address			Phone			

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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4. Date/Time
6/19/02

20. Instance Description - Describe the following:

- a) Hazards-Operation/Condition-Accident; Cavicide is used when there is a large spill of blood or other potentially infectious materials. Used about once weekly by technicians that disinfect contaminated surfaces, about 1/2 cup used each time. MSDS were available, employees had Haz Com training.
- b) Equipment; Hazard warning label affixed to container.
- c) Location; Procedure Room #7.
- d) Injury/Illness; 15% isopropanol is a skin and eye irritant.
- e) Measurements; Photos.

21. Photo Number	Location on Video
1	n/a

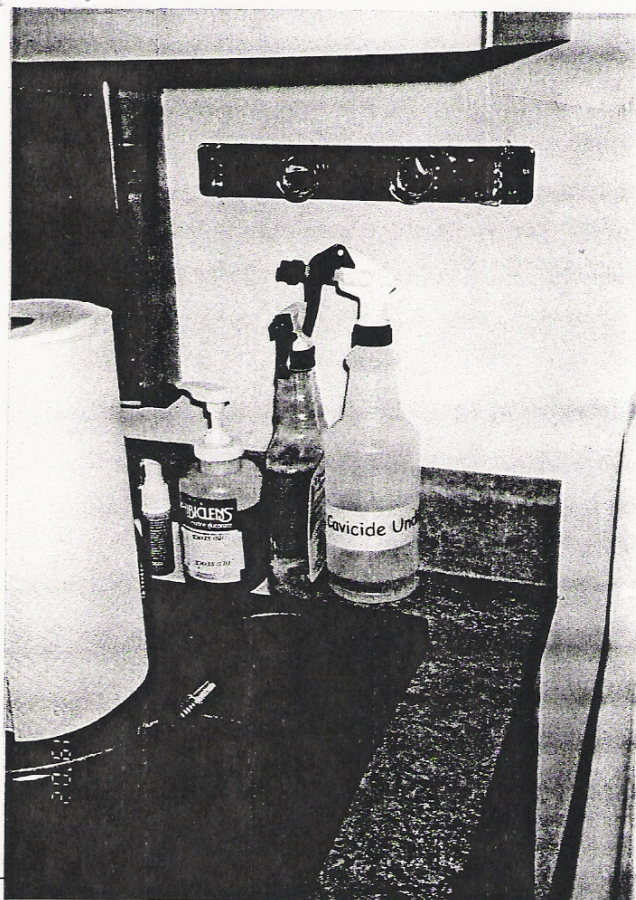
23. Employer Knowledge : Company has a Haz Com Program and is aware of the requirements for labelling.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
n	y	o	n	n

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



Inspection Number

305541443

1. Photo ID Number

1

2. Date/Time

Date: 6/9/02

3. Citation Number

1

4. Item Numbers

4

5. Instance No.

a

6. Location (Photo and Photographer)

Procedure Room #7

7. Description

Cavicide (isopropanol) disinfectant
did not have a hazardous
warning label affixed

8. ☐ Confidential Materials

Cont.

1. Photo ID Number

2. Date/Time

3. Citation Number

4. Item Number	
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5. Instance No.	
-----------------	--

6. Location (Photo and Photographer)

7. Description

8. ☐ Confidential Materials

Cont.



Planned Parenthood

League of Massachusetts, Inc.

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2001-2002

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Headquarters

1055 Commonwealth Ave.
Boston, MA 02118-1001
Tel: 617-616-1660
Fax: 617-616-1665

http://www.pp.org

08/25/01

Jean Manoli
U.S. Department of Labor
Occupational Safety and Health Administration
639 Granite Street - 4th Floor
Braintree, MA 02184

RE: Complaint #203674874

Dear Ms. Manoli:

In response to your letter of 08/21/01 regarding the alleged hazards of:

1. Clinic has inadequate ventilation causing employees to suffer from eye irritation, nausea, headaches and lung problems.
2. Cleaning solutions, such as, bleach and ultrex, are not adequately vented from the sink area.

We have investigated the alleged conditions and have made the following modification. We will no longer use Ultram and instead will use Prefer.

For your review I have enclosed a copy of the maintenance schedule that we have for the cooling system and the most recent copy of the maintenance inspection report.

A copy of your letter and my response has been posted in the medical center.

Please let me know if you need any further information.

Sincerely,

Sandra Maislen
V.P. Client Services

Response for
non-formal 8/21/02

"Attachment A"

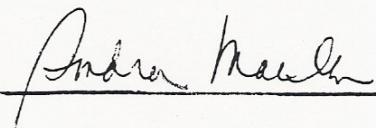
**CERTIFICATE OF POSTING
OSHA NOTIFICATION OF ALLEGED HAZARD(S)**

Planned Parenthood Preterm Clinic
Complaint #203674874

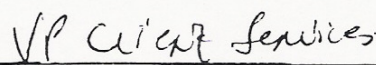
Date of Posting: 8/27/01

Date Copy Given to an
Employee Representative:

On behalf of the employer, I certify that a copy of the complaint letter received from the Occupational Safety and Health Administration (OSHA) has been posted, and the employer's response to OSHA, will be posted in a conspicuous place, where all affected employees will have notice, or near such location where the alleged violation occurred, and such notice has been given to each authorized representative of affected employees, if any. This notice was or will be posted for a minimum of ten (10) working days or until any hazardous conditions found are corrected.



Signature



Title

U.S. Department of Labor
Occupational Safety and Health Administration
639 Granite Street, 4th Floor
Braintree, MA 02184
Phone: (617) 565-6924 Fax: (617) 565-6923



July 24, 2002

Inspection #305541443

Attn: Beth Belinky
Planned Parenthood
1055 Commonwealth Avenue
Boston, MA 02215

Dear Beth Belinky:

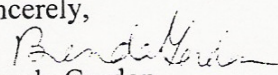
Section 21 of the Occupational Safety and Health Act authorizes OSHA to inform employers and employees about workplace hazards and appropriate abatements. During a health inspection conducted at your facility located at 1055 Commonwealth Avenue, Boston, conditions were observed which, although not violative of the standards, are considered significant enough to be brought to your attention, with the intent of encouraging your efforts to reduce exposure or to eliminate it completely. Few employees have been experiencing allergic reactions to various disinfecting solutions and tissue fixative such as Cavicide, Prefer and bleach. These symptoms include but are not limited to, coughing, asthma, and rashes/skin irritation.

OSHA does not intend to issue a citation for these hazards at this time. To aid you in your efforts to control this exposure, the following measures may be feasible, but are not limited to, reducing the quantity and frequency of the use of Cavicide and bleach or substitute for less irritating products whenever feasible. Also provide local ventilation in areas where these products are used whenever feasible.

These methods are not meant to be the only ones available or feasible. The Commonwealth of Massachusetts Department of Environmental Protection, Office of Technical Assistance provides assistance to employers who are seeking to reduce or eliminate the use of hazardous materials. OSHA recommends you take an advantage of this service.

OSHA welcomes and requests a report of any of your efforts to reduce the above-mentioned exposure and the results of your efforts. Your personal support and interest in the safety and health of your employees is appreciated. If you have any questions, please call Elena Finizio at the telephone number above.

Sincerely,


Brenda Gordon.
Area Director

The Hazard Referenced In: Planned Parenthood Preterm Clinic OSHA# 305541443 C6957



ABATEMENT CERTIFICATION FORM

The hazard referenced in Inspection #305541443 for violation identified as: AM11:39
(Give a brief description of what actions were taken to correct each hazard)

Citation # 1, Item # 1 was corrected on (date) 6/20/02,

label affixed and staff instructed to mix only one day's worth of an
(Describe Action Taken) chemical solution.

Citation # _____, Item # _____ was corrected on (date) _____,
(Describe Action Taken) Eliminated use of Caricide.

Citation # _____, Item # _____ was corrected on (date) _____,
(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,
(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,
(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,
(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,
(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,
(Describe Action Taken)

I Attest that the information contained in this document is accurate, and I further attest that affected employees and their representatives have been informed of this abatement.

Beth Beilsky
Employers Signature

Beth Beilsky
Typed or Written Name



Citation and Notification of Penalty

To:
Planned Parenthood Preterm Clinic
and its successors
1055 Commonwealth Avenue
Boston, MA 02215

Inspection Number: 305541443
Inspection Date(s): 06/12/2002-06/19/2002
Issuance Date: 07/24/2002

Inspection Site:
1055 Commonwealth Avenue
Boston, MA 02215

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 (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

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 herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer. **The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.**

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.



NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 07/24/2002. The conference will be held at the OSHA office located at Boston Area Office South, 639 Granite Street-4th floor, Braintree, MA, 02184 on _____ at _____. Employees and/or representatives of employees have a right to attend an informal conference.

**U.S. DEPARTMENT OF LABOR
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION**

**GUIDELINES FOR PREPARING AN ADEQUATE
VERIFICATION OF ABATEMENT LETTER**

OSHA cannot close out your file until adequate verification of abatement has been provided.

Please include the following in your abatement letter(s):

- Employer's name and address;
- OSHA inspection number (from the citation);
- For each item you are reporting on, indicate the Citation Number, Item Number, Instance, date corrected, and method of correction; (give a brief description of what actions were taken to correct each hazard)

EXAMPLE:

Citation 01, Item 01, Instance (a) -- Corrected on (DATE) by installing a guard on the Black & Decker table saw.

- For those items, only where it is specifically noted on the citation that **"ABATEMENT DOCUMENTATION IS REQUIRED FOR THIS ITEM"**, please provide documentary evidence that abatement is complete. Such evidence may include, but is not limited to, evidence of the purchase or repair of equipment, photographic or video evidence, or other written records;
- A statement that affected employees and their representatives have been informed of the abatement;
- A statement that the information submitted is accurate;
- The signature of the employer or the employer's authorized representative.
- **"Certification of Abatement" must be received by OSHA within 13 calendar days after the Abatement Date.**



The Hazard Referenced In: Planned Parenthood Preterm Clinic OSHA# 305541443 C6957

ABATEMENT CERTIFICATION FORM

The hazard referenced in Inspection #305541443 for violation identified as:

(Give a brief description of what actions were taken to correct each hazard)

Citation # _____, Item # _____ was corrected on (date) _____,

(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,

(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,

(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,

(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,

(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,

(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,

(Describe Action Taken)

Citation # _____, Item # _____ was corrected on (date) _____,

(Describe Action Taken)

I Attest that the information contained in this document is accurate, and I further attest that affected employees and their representatives have been informed of this abatement.

Employers Signature

Typed or Written Name
U.S. Department of Labor

**U.S. Department of Labor**
Occupational Safety & Health Administrationwww.osha.gov

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**Violation - Planned Parenthood Preterm Clinic****Standard Cited:** 19101200 F05 II *Hazard Communication*

Violation Information		
Nr: 305541443 Citation: 01001 Issuance: 07/24/2002 Report ID: 0111400		
Viol Type: Other	Nr Instances: 1	Contest Date:
Abatement Date: 08/19/2002 X	Nr Exposed: 20	Final Order:
Initial Penalty:	REC:	Emphasis:
Current Penalty:	Gravity: 01	Haz Category:

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