

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



02/07/06

Reply to the attention of:
Complaint #205668544
Patrick J Catino

Jim MacNeil
MacNeil Waterproofing
174 Main Street
Quincy, MA 02169

Dear Jim MacNeil:

On 1/23/06, this office sent to you a letter concerning alleged occupational safety and health hazards at your establishment.

We have not received a reply from you concerning these allegations. Please advise this office of your findings and of any corrective action you have taken within 10 days. If we do not hear from you, an inspection may be scheduled.

OSHA selects for inspection a random sample of cases where we have received letters in which employers have indicated satisfactory corrective action. This policy has been established to ensure that employers have actually taken the action asserted in their letter.

A copy of this letter is being sent to the person reporting the hazardous conditions.

Your cooperation in this matter is appreciated.

Patrick J Catino
Assistant Area Director

Enclosure

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



01/23/06

Reply to the attention of:
Complaint #205668544
Patrick Catino

Mr. Jim MacNeil
MacNeil Waterproofing
174 Main Street
Quincy, MA 02169

Dear Mr. MacNeil:

On 01/23/2005, the Occupational Safety and Health Administration (OSHA) received a notice of (safety and/or health) hazards at your worksite at:

1055 Commonwealth Avenue
Boston, MA 02215

We notified you, by telephone, of these alleged hazards on 01/23/2005. The specific nature of the alleged hazards is as follows:

1. Workers using a suspension scaffold are not using fall protection.
2. Workers are not wearing hard hat helmets.
3. Warning signs and barricades were not set up below the scaffold to protect employees below from falling objects.

We have not determined whether the hazards, as alleged, exist at your workplace; and we do not intend to conduct an inspection at this time. However, since allegations of violations and/or hazards have been made, we request that you immediately investigate the alleged conditions and make any necessary corrections or modifications. Please advise me in writing, no later than 01/31/05, of the results of your investigation. You must provide supporting documentation of your findings, including any measurements or monitoring results, and photographs/video, and a description of any corrective action you have taken or are in the process of taking. **Please fax the Braintree OSHA Office your response if possible, addressed to the name in the letterhead, at (617) 565-6923.**

This letter is not a citation or a notification of proposed penalty which, according to the OSH Act, may be issued only after an inspection or investigation of the workplace has been conducted. It is our goal to assure that hazards are promptly identified and eliminated. Please take immediate corrective action where needed. We encourage employee participation in investigating and responding to any alleged hazard. **If we do not receive a response from you**

by 01/31/05, indicating what appropriate action has been taken or that no hazard exists and why, an OSHA inspection will be conducted.

An inspection may include a review of the following: injury and illness records, hazard communication, personal protective equipment, emergency action or response, bloodborne pathogens, confined space entry, lockout, and related safety and health issues.

Please note, however that OSHA selects for inspection some cases where we have received letters in which employers have indicated satisfactory corrective action. This is to ensure that employers have actually taken the action stated in their letters.

The State of Massachusetts offers OSHA consultation services, without charge, to assist in resolving all occupational safety and health issues. The variety of services available or the scheduling of those services may be limited by the consultation project's requirement to give priority to small businesses in high hazard industries and by its backlog. However, you may be able to obtain similar services from your insurance carrier or private consultant in a more timely fashion. To discuss or request the services, call or write your consultation project at the following address:

Project Manager
The Commonwealth of Massachusetts
Department of Labor and Industries
1001 Watertown Street
West Newton, MA 02165
(617) 727-3982

You are requested to post a copy of this letter and your response to it where it will be readily accessible for review by all of your employees and return a copy of the signed Certificate of Posting (Attachment A) to this office. In addition, you are requested to provide a copy of this letter and your response to it to a representative of any recognized employee union or safety committee if these are at your facility. Failure to do this may result in an on-site inspection. The complainant has been furnished a copy of this letter and will be advised of your response. Section 11(c) of the OSH Act provides protection for employees against discrimination because of their involvement in protected safety and health related activity.

If you have any questions concerning this matter, please contact the Area Office at 639 Granite Street, 4th Floor, Braintree, MA 02184. Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

Patrick Catino
Assistant Area Director

Enclosure
"Attachment A"

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

MacNeil Waterproofing
Complaint #205668544

Date of Posting:

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

ATT:

FROM Jim MAR NEIL

To Whom it may concern,

I was on the job in question that day and was abiding by the safety rule to the best of my knowledge.

1. Fall protection was worn by myself, and partner on rig. We had tie back hooks with safety line with chafing gear.
2. Hard hats were on site and were probably on staging bed at the time.
3. Truck was parked on curb with ground guy away from base of scaffolding diverting pedestrians with cones.

Sorry if this has caused any inconvenience we will make sure hard hats will be on at all times.

Thank you

Jim MacNeill
owner

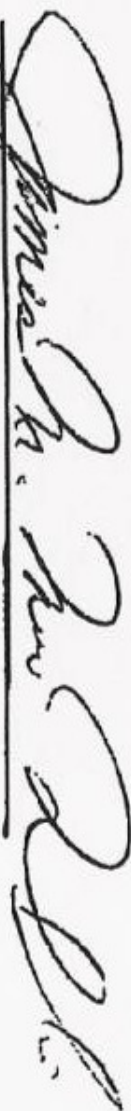
**CERTIFICATE OF POSTING
OSHA NOTIFICATION OF ALLEGED HAZARD(S)**

MacNeil Waterproofing
Complaint #205668544

Date of Posting:

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



Inspection Report

Mon Jan 23, 2006 12:15pm

Rpt ID	Assignment Nr.	CSHO ID	Supervisor ID	Inspection Nr.	Opt. Insp. Nr.
0111400	0			309563823	149

Establishment Name		Planned Parenthood League of Massachusetts			
Site Address	1055 Commonwealth Avenue Boston, MA 02215	Site Phone	(617) 616-1660	Site FAX	
Mailing Address	1055 Commonwealth Avenue Boston, MA 02215	Mail Phone	(617) 616-1660	Mail FAX	
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	205668445	Safety			

Employed in Establishment		Advance Notice?	No	Category	S. Safety
Covered By Inspection		Union?	No	Interviewed?	No
Controlled By Employer		Walkaround?	No		
Primary SIC	8099	Secondary SIC		Inspected	
Primary NAICS	621410	Secondary NAICS		NAICS Inspected	

Inspection Type	B. Complaint	Reason No Inspection	I. Other
Scope of Inspection	D. No Inspection		
Classification			
Strategic Initiatives			
National Emphasis			
Local Emphasis	FALL FALL HAZARDS IN CONSTRUCTION & GEN. INDUSTRY		

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

Entry	01/19/06	11:00	First Closing Conference		
Opening Conference	01/19/06	11:05	Second Closing Conference		
Walkaround			Exit	01/19/06	11:50
Days On Site	1		Case Closed	01/23/06	
			No Citations Issued	X	

Type	ID	Optional Information

CSHO Signature		Date	01/23/06
----------------	--	------	----------



Inspection Narrative

Mon Jan 23, 2006 12:15pm

Inspection Nr.	309563823
Opt. Case Number	149

Establishment Name	Planned Parenthood League of Massachusetts		
Legal Entity		Type of Business	Community Health Care

Additional Citation Mailing Addresses

Organized Employee Groups

Authorized Employee Representatives

Employer Representatives Contacted			
Name	Title	Function	Walk Around?
Bill Lorenz	Facility Manager	I C O	N

Other Persons Contacted

Entry	01/19/06	11:00	First Closing Conference		
Opening Conference	01/19/06	11:05	Second Closing Conference		
Walkaround			Exit	01/19/06	11:50
			Case Closed	01/23/06	

Penalty Reduction Factors					
Size	40	Good Faith	0	History	0

Followup Inspection?		Reason	
----------------------	--	--------	--

Coverage Information/Additional Comments

SAFETY NARRATIVE

CSHO assigned to complaint with fall hazard Items. CSHO was instructed to conduct an inspection under Fall LEP. A complaint item alleged that workers on a suspended scaffold were not wearing fall protection. Therefore on 01/19/06, an investigation was conducted at the given address and resulted in no activity as described in complaint. CSHO was mindful of each wall of the building and found no equipment or signs of activity after observing all sides of the property at the time of inspection. An Opening conference was held with Planned Parenthood League of Massachusetts Facilities Manager, Bill Lorenz upon finding no outside activity and CSHO was informed that Planned Parenthood had subcontracted outside roofing and window sealing work to MacNeil Waterproofing which had taken place approximately three weeks prior to the inspection.

Inspection Number	309563823
-------------------	-----------

COVERAGE INFORMATION

NATURE AND SCOPE

Check Applicable Boxes and Explain Findings:

- ☐ Complaint Items
- ☐ Referral Items
- ☐ Accident Investigation Summary & Findings
- ☐ LEP
- ☐ Planned Inspection

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

- ☐ None
- ☐ Denial of entry (see denial memo)
- ☐ Delays in conducting the inspection
- ☐ Strikes
- ☐ Jurisdictional Issues
- ☐ Trade Secrets
- ☐ Other

Comments:

OPENING CONFERENCE NOTES:

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.)

Address any relevant compliance efforts regarding potential health hazards covered by the scope of the inspection.

PERSONAL HYGIENE FACILITIES AND PRACTICES

(showers, lockers, change rooms, etc.)

Are any required by OSHA health standards?

☐ Yes ☐ No
What Standards:

HAZARD COMMUNICATION PROGRAM

Written Program (complete)

☐ Yes ☐ No
MSDS's (all)

☐ Yes ☐ No
Labeling (adequate)

☐ Yes ☐ No
Training (complete)

☐ Yes ☐ No
Copy MSDS's/Program attached

☐ Yes ☐ No
Comments:

ACCESS TO EXPOSURE & MEDICAL RECORDS

FIRE PROTECTION AND EVACUATION PROCEDURES

FORKLIFT

SYSTEMS SAFETY AND EMERGENCY RESPONSE

RESPIRATOR PROGRAM

LOCKOUT TAGOUT/ \ELECTRICAL SAFE WORKPRACTICES

FIRST AID

ELECTRICAL SAFE WORKPRACTICES

EXPOSURE CONTROL PLAN

LABORATORY STANDARD

ERGONOMIC PROBLEMS

☐ Yes ☐ No

If yes, complete the items 1 and 2 below.

1. Lifting (10% or more similarly exposed employees injured)
 - a. Total # of employees exposed to job:
 - b. Total # of cases for job:
2. CTD's (10% or more similarly exposed employees have CTD's; 5% or more CTS cases)
 - a. Total # of employees exposed to job:
 - b. Total # of cases for job:

Other significant injury/illness trends

☐ Yes ☐ No

If yes, explain.

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

Construction Industry:

☐ Yes ☐ No Accident Prevention 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

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
- ☐ Employer/Employee Questionnaires

Closing Conference Held with Employee Representative

☐ Jointly ☐ Separately

CSHO Signature		Date	01/23/06
Accompanied By			



www.osha.gov

MYOSHA

Search



Advanced Search | A

Search Results

Inspection Detail

[Find]

Inspection: 309563823 - Planned Parenthood League Of Massachusetts

Inspection Information - Office: South Boston			
Nr: 309563823	Report ID: 0111400	Open Date: 01/19/2006	
Planned Parenthood League Of Massachusetts 1055 Commonwealth Avenue Boston, MA 02215			
SIC: 8099/Health and Allied Services, Not Elsewhere Classified		Union Status: NonUnion	
NAICS: 621410/Family Planning Centers			
Inspection Type: Complaint			
Scope: No Insp/Other		Advanced Notice: N	
Ownership: Private			
Safety/Health: Safety		Close Conference: 01/19/2006	
Emphasis: L:Fall		Close Case: 01/23/2006	
Related Activity: Type	ID	Safety	Health
Complaint 205668445 Yes			

[Back to Top](#)

www.osha.gov

[Contact Us](#) | [Freedom of Information Act](#) | [Customer Survey](#)
[Privacy and Security Statement](#) | [Disclaimers](#)

Occupational Safety & Health Administration
200 Constitution Avenue, NW
Washington, DC 20210