



# Case Summary Report

Inspection Number: 1340739

Case Closed Date: 09/14/2018

CSHO ID: (b) (7)(C)

Supervisor ID: O1086

Establishment Name: Planned Parenthood of Southeast and North Florida

Establishment DBA Name:

## Establishment Information

Business Address:	Mailing Address:	Site Address:
2618 West Tennessee Street	2618 West Tennessee Street	2618 West Tennessee Street
TALLAHASSEE, FL 32304	TALLAHASSEE, FL 32304	TALLAHASSEE, FL 32304
USA	USA	USA

## Inspection Information

Scope of Inspection: Partial  
 Inspection Category: Health  
 Inspection Type(s): Monitoring

Case Milestone Dates:	Milestone	Date
	Opening Conference Date	08/22/2018
	Closing Conference Date	08/22/2018
	Final Order Date	
	Case Closed Date	09/14/2018

## Inspection Emphasis Programs

Primary Emphasis Program:  
 National Emphasis Programs:  
 Local Emphasis Programs:

## Strategic Plan Activity

Federal Strategic Initiative Program:

## Additional Codes

Type	ID	Value	Description
		Union: N	
		SVEP: N	
		Sampling: N	

## Related Activities

Activity Number	Activity Type	Satisfied	Estab Name	Status
1344230	Complaint	Health	Planned Parenthood	Closed

## Violation Information

Cit... ID	Citation Type	Standard	Issuance Date	Receipt Date	Final Order Date	Last Date To Contest	Abatement Date	A... D... R...	Date Abated	C... Sta...	Abatement Status
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## Penalty Information

Penalty Assessed(\$): 0	Total Paid(\$): 0	<b>Debt Collection:</b>
Other Assessed(\$): 0	Waived(\$): 0	Date Referred:
Interest and Fee(\$): 0	Refund(\$): 0	Amount Referred: 0
Total Assessed(\$): 0	Total Balance Due(\$): 0	

## Payment Summary

Payment Report No	Payment Type	Payment R... Date	Unhonored Date	Payment Amount
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# U.S. Department of Labor - Occupational Safety and Health Administration

## Inspection Report

Fri Sep 14, 2018 13:48:26 PM

RID	CSHO ID	Supervisor ID	Inspection Number	Optional Report Number	Case Closed Date
0419700	(b) (7)(C)	O1086	1340739	894	14-SEP-2018

Establishment Name		Planned Parenthood of Southeast and North Florida		Doing Business As (DBA)		
Establishment Owner Name	Private Sector	Type of Business	Non-Profit	Primary NAICS		621111
Site Address	2618 West Tennessee Street TALLAHASSEE, FL, 32304	Site Phone	(850)-574-7455	Extn	Site FAX	(850)-574-4335
Business Address	2618 West Tennessee Street TALLAHASSEE, FL, 32304	Business Phone	(850)-574-7455		Business FAX	
Mailing Address	2618 West Tennessee Street TALLAHASSEE, FL, 32304	E-mail			Mobile Phone	
Site Activity	Planned Parenthood	NAICS Inspected	621111		Days on Site	1
Federal EIN	591391115	DUNs		Temporary or Fixed Site?	Fixed Site	
State Estab Id		DUNS plus4		CAGE Code		
Construction Type						

Entry	22-AUG-2018		First Closing Conference	22-AUG-2018	
Opening Conference	22-AUG-2018		Second Closing Conference		
Walkaround	22-AUG-2018		Exit	22-AUG-2018	

Inspection Initiating Type	Monitoring		Secondary Type		
Other Initiating Type			Inspection Category	Health	
Scope of Inspection	Partial		Reason No Inspection		
Sampling Performed?	N	SVEP	N	Expln. for No Insp.	
Federal Strategic Initiatives					
National Emphasis					
Local Emphasis					
Primary Emphasis					

Employed in Establishment	(b) (4)	Walkaround?	N	Advance Notice?	N
Covered By Inspection		Interviewed?	Y	Flag for Follow-up	N
Controlled By Employer		Union?	N	Reason for Follow-up	
Is this Company a current federal contractor?	N				

Parent Company Legal Name		Parent Comp Trade Name/DBA	
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Parent Company Address	Phone Number	Extn
TIN / EIN	DUNS	
CAGE Code	DUNS plus4	

Related Activity			
Activity Number	Activity Type	Satisfied	Establishment Name
1344230	Complaint	Health	Planned Parenthood

Related Inspections		
Inspection Number	Establishment Name	Related Inspection Type

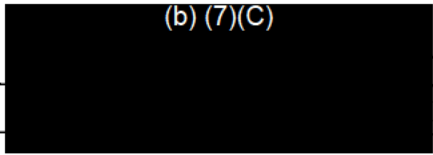
Additional Codes			
Type	ID	Value	Description

Employer Representatives Contacted					
<b>Name</b>	Justin Rand	<b>Job Title</b>	Clinic Manager	<b>Occupation</b>	
<b>Address</b>			<b>Interviewed?</b>	Y	
<b>Home</b>		<b>Work</b>	<b>Mobile</b>	<b>Fax</b>	
<b>Email</b>			<b>Participation</b>	Walk Around, Credentials, Closing Conference, Opening Conference	
<b>Name</b>	Penny Alterizio	<b>Job Title</b>	Dir of Quality Impro	<b>Occupation</b>	
<b>Address</b>			<b>Interviewed?</b>	N	
<b>Home</b>		<b>Work</b>	<b>Mobile</b>	<b>Fax</b>	
<b>Email</b>			<b>Participation</b>	Opening Conference	

Employees Contacted			
<b>Name</b>	(b) (7)(D)		<b>Occupation</b>
<b>Address</b>			Y
<b>Home</b>			<b>Fax</b>
<b>Email</b>			<b>Participation</b> Credentials

Penalty Adjustment Factors					
Size Reduction	10%	Good Faith Reduction	0%	History Reduction	0%
Size Justification	System, set it to 10% Number of Employees was changed	Good Faith Justification		History Justification	

(b) (7)(C)

CSHO Signature		Date	9/14/18
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**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Notice of Alleged Safety or Health Hazards**

Complaint Number	1344230
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Establishment Name	Planned Parenthood		
Site Address	2618 West Tennessee Street		
	Tallahassee, FL 32304		
	Site Phone	850-574-7455	Site FAX
Mailing Address	2618 West Tennessee Street Tallahassee, FL 32304		
Management Official	Justin Reed	Telephone	561-848-8279
Type of Business	Clinic		
Primary SIC		Primary NAICS	621111 - Offices of Physicians (except Mental Health Specialists)

**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.

a. The employer does not have a needle stick program, exposing employees to health hazards.

<b>Source 1</b>			
<i>Has this condition been brought to the attention of:</i>			
<i>Please indicate Your Desire to Reveal Source:</i>		No	
<i>The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form</i>		(Mark "X" in ONE) <div style="background-color: black; color: white; padding: 2px;">(b) (7)(C)</div>	
<i>Complainant Name</i>	<div style="background-color: black; color: white; padding: 2px;">(b) (7)(C)</div>	<i>Telephone</i>	<div style="background-color: black; color: white; padding: 2px;">(b) (7)(C)</div>
<i>Complainant Address</i>	<div style="background-color: black; color: white; padding: 2px;">(b) (7)(C)</div>		
<i>Complainant E-mail Address</i>			
<i>Send UPA Results?</i>	Yes	<i>If no UPA results sent, why?</i>	
<i>Signature</i>		<i>Date</i>	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

<i>Organization Name:</i>		<i>Your Title:</i>	
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**OFFICIAL USE ONLY:**

Reporting ID	0419700
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Receipt Information	Received By lightner.antonio	Send OSHA-7? Yes No	Date: 06/04/2018	CSHO Assigned	Supervisor(s) Assigned
			Time: 04:30 PM	(b) (7)(C)	G0359
Receipt Type	Phone	Electronic Complaint Number			

Industry & Ownership	Primary NAICS	621111 - Offices of Physicians (except Mental Health Specialists)	Ownership	Private Sector
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Complaint Evaluation	Evaluated By		Subject	Severity
	Is this a Valid Complaint?	Yes		
	Formality	Nonformal	Safety	Serious
	Migrant Farmworker Camp? (Mark X if applicable)		Health Discrimination	

Complaint Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other - Status
06/04/2018	Valid = Y				
06/04/2018	Contact with Source	06/11/2018	Phone Discussion	Acknowledgement-Receipt of Complaint	
06/04/2018	Do Inspection = N			P/F	

Complaint Responses				
Date Response Received	Type Response Received	Evaluation	Evaluated By	Other

Transfer to (Name)		Transfer Date	
Transfer to Category			

Strategic Initiatives	
National Emphasis	

Local/State Emphasis

Additional Codes			
Type	ID	Value	Description

Close Complaint

Comments:



HEALTH NARRATIVE

Inspection Number	1340739
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**COVERAGE INFORMATION:** This inspection was assigned as a monitoring inspection to complaint number 1344230.

**NATURE AND SCOPE**

Check Applicable Boxes and Explain Findings:

Planned Inspection - Monitoring Inspection

CSHO presented credentials to Justin Rand, Clinic Manager, and explained the scope and purpose of the monitoring inspection. Penny Alterizio, Dir of Quality Improvement and Risk Management listened to opening conference via the phone. The employer provided adequate documentation to satisfy the initial complaint item. CSHO proceeded with the walk around portion of the inspection to verify the documentation and conditions by the employer to satisfy the complaint.

Monitoring results are as follows:

Complaint Item 1: The employer does not have a needle stick program, exposing employees to health hazards.

Inspection Findings 1: CSHO verified through document review and employee interview that the employer had an adequate Bloodborne Pathogens Exposure Control Plan (ECP) which included a detailed needlestick program with procedures on what actions to take in the event of a needlestick or exposure incident. CSHO verified that the ECP had been reviewed annually and employees received or declined the Hepatitis B vac when hired and received training on the ECP. The employer recently moved to this facility (April 30, 2018) so there were no previous years OSHA 300 data for this facility and there has not been a recordable injury since they moved into this facility.

No additional hazards were observed during the monitoring inspection. A closing conference was held with Justin Rand, Clinic Manager.

CSHO SIGNATURE	(b) (7)(C)	DATE	9/14/18





Opening Conference Checklist and Notes

CSHO: (b) (7)(C)

U. S. Department of Labor  
Occupational Safety and Health Administration



<b>Employer Information</b> <input checked="" type="checkbox"/> CSHO Identified and Presented Credentials to Employer(s) <input type="checkbox"/> Provide a copy of complaint to Employer (if applicable)	Establishment Name <i>Planned Parenthood of Southeastern North Florida</i>		Name of Senior Management contacted <i>Justin Rand</i>	
	Site Address <i>2618 West Tamm Street Tallahassee</i>		Site Telephone Number <i>850-574-7455</i>	Site Fax Number <i>850-575-4375</i>
	Mailing Address (if different) <i>2300 N. Florida Ave</i>		Mailing Telephone Number	Mailing Fax Number
<b>Employer Representatives Contracted</b>	Name <i>Justin Rand</i>	Title <i>Clinic Mgr</i>	Function	
<b>Employee Representation</b> <input type="checkbox"/> Union Shop <input checked="" type="checkbox"/> Non-Union Shop	<input type="checkbox"/> Advised employer of OSH Act 8(e) - employee representative be given the opportunity to participate in the inspection			
	Union Information	Name & Addresses of All Employee Groups	Authorized Representatives of Employees	
		Name	Name	Tele. No.
		Local No.	Tele. No.	Organization
		Address	Home Address	
<b>Safety &amp; Health Committee?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Committee Representative: Employee Representative if any:		
<b>Explain to Employer:</b>	<input checked="" type="checkbox"/> Purpose, Nature, Scope and Authority of inspection <input checked="" type="checkbox"/> Violations may result in citations <input checked="" type="checkbox"/> 15% reduction for Quick-fix abatement within 24 hrs. <input checked="" type="checkbox"/> Any previously cited items are included in the inspection scope.		<input checked="" type="checkbox"/> Sampling and referral processes <input checked="" type="checkbox"/> Request worksite layout/map <input type="checkbox"/> Closing conference (describe any apparent violations found and other pertinent issues)	
<b>Inform Employer of:</b>	<input checked="" type="checkbox"/> Walk-around (items on complaint, plain site, issues identified by employees, possible referrals to other CSHOs) <input checked="" type="checkbox"/> Expansion of inspection may occur based on info from records, program review, and walk-around inspection - 8(f)(2) <input checked="" type="checkbox"/> Trade Secret/Proprietary information disclaimer, Pictures & Video - Section 15 <input checked="" type="checkbox"/> Pictures and videotaping (recording sound) <input checked="" type="checkbox"/> Confidential/Private employee interviews - 8(a)(2) <input checked="" type="checkbox"/> Safety and Health Program Evaluation <input checked="" type="checkbox"/> Copy of safety rules/programs?			
<b>Requested Information</b>	Employer Tax ID No. <i>59139115</i>	SIC / NAICS <i>621111</i>	# of Employees	# of Covered Employees <i>(b) (4)</i>
<b>Record Keeping &amp; Related Information:</b>	Req. Rec. <input type="checkbox"/> <input type="checkbox"/> OSHA 300 logs for past 3 full years plus current year to date. Req. Date/Time	<input type="checkbox"/> <input type="checkbox"/> Total employee hours work for past 3 full years plus current year to date (Temp, PT, Seasonal, Hourly, & Salary)		
<b>Health &amp; Safety Programs &amp; Training Records</b>	Req. Rec. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Hazard Communication	Req. Rec. <input checked="" type="checkbox"/> <input type="checkbox"/> BBP-Exposure Control	Req. Rec. <input type="checkbox"/> <input type="checkbox"/> Air Sampling Results	
	<input type="checkbox"/> <input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> <input type="checkbox"/> Noise Monitoring Data	<input type="checkbox"/> <input type="checkbox"/> Lead Program	
	<input type="checkbox"/> <input type="checkbox"/> Confined Space	<input type="checkbox"/> <input type="checkbox"/> LO/TO	<input type="checkbox"/> <input type="checkbox"/> PPE Hazard Assessments	
	<input type="checkbox"/> <input type="checkbox"/> PSM	<input type="checkbox"/> <input type="checkbox"/> Forklift	<input type="checkbox"/> <input type="checkbox"/> Training Recs.	
<b>Safety and Health Program Evaluation</b>	Codes 0 = Nonexistent 1 = Inadequate 2 = Average 3 = Above Average	<input type="checkbox"/> Written Safety and Health Program <input type="checkbox"/> Communication to Employees <input type="checkbox"/> Enforcement <input type="checkbox"/> Safety Training Program	<input type="checkbox"/> Health Training Program <input type="checkbox"/> Accident Investigation Performed <input type="checkbox"/> Preventative Action Taken	
<b>Voluntary Compliance Programs</b>	OSHA Onsite? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Voluntary Protection Program Site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>PPE Required</b>	<input type="checkbox"/> Hard Hat <input type="checkbox"/> Steel Toe Boots/Shoes <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Tyvek Suite <input type="checkbox"/> Respirator <input type="checkbox"/> Other:			
<b>Entry</b>	Opening Conference		Walk-Around	
Date <i>8/22/18</i>	Time	Date <i>8/22/18</i>	Time	Date <i>8/22/18</i>

\* opened facility 4/30/18

(b) (4)

total hrs worked

(b) (4)

Opened 4/30/18

Date of opening: ~~5/20/18~~

Penny Alterizio, Dir of Quality Improvement  
(on phone) and Rick [unclear]

FedEx: 59-1391115

621 111

\* Comp opened at this location 4/30/18

Area [unclear] (b)(4)

→ total hrs worked, (b)(4)

→ Haz Com - Chemical - O/R  
SDS

BBP manual OK  
ECP last updated Mar 18

No needle sticks at this location

Medical (5)  
Personnel

(b) (7)(C)

134 4230

548

10:00 am

Planned Parenthood

no policy & procedure for needle sticks

2618 West Tennessee St

Tally PC 32304

\* = \* 850-293-7552

\* 850-578-0348

→ Mgt: Justin Rand

→ 850-574-7455

\* ↓ 561-848-8279

(b) (7)(C)

### CASE FILE DIARY

<b>ESTABLISHMENT:</b> Planned Parenthood of Southeast and North Florida		
Complaint: 1344230	Inspection #: 1340739	
Duty Officer: J1837	CSHO ID: (b)(7)(C)	To AAD: 9/17/18
Date Received: 6-4-18	Assignment #:	To OIS:
Employer Called:	Date of Inspection: 8/22/18	Lab Samples Sent:
FAX/Letter Sent	Date of Follow-up:	Lab Results Received:
Response Due: 6-12-18	Cites Issued:	To DCAT:
Response Received:	Contest Date:	To SOL:
<b>ENG</b>		
<b>LEP</b>		

	ACTION	INITIALS
6-4-18	D. O. received a telephone complaint alleging a hazard in the workplace. D.O. processed the complaint and explained the P/F protocol. The complainant does want a response.	(b)(7)(C)
6-5-18	Conducted P/F with ER. Explained Sect 11C of WH Act - Sent D-letter.	(b)(7)(C)
6-8-18	Rec'd ER Abatmt: Evaluated as OK. Granted 60 days for EE 2 closed Complmt.	(b)(7)(C)
6/11/18	MAJCE COPY	(b)(7)(C)
06/11/18	The source emailed me a rebuttal. Source	(b)(7)(C)
	(b)(7)(D)	(b)(7)(C)
8/9/18	Assigned to (b)(7)(C) to inspect or monitoring ins	(b)(7)(C)
8/22/18	Conducted Monitoring Inspection	(b)(7)(C)
9/17/18	Closed as in-compliance.	(b)(7)(C)



RECEIVED JUN 15 2018

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Planned Parenthood of South, East and North Florida

June 8, 2018

Michelle Gonzalez  
Occupational Safety and Health Administration  
1851 Executive Center Drive Suite 227  
Jacksonville, FL. 32207

RE: Complaint no. 1344230

Dear Ms. Gonzalez,

As mentioned in our fax, we are sending you by mail, pictures of our posting, as well as our workers Compensation Provider list that is posted in the Health Center.

Please let us know if there is anything else you may require from us.

Sincerely,



Penny Alterizio

Dir. Of Quality and Risk Management



# Fw: Posting OSHA



Rand, Justin

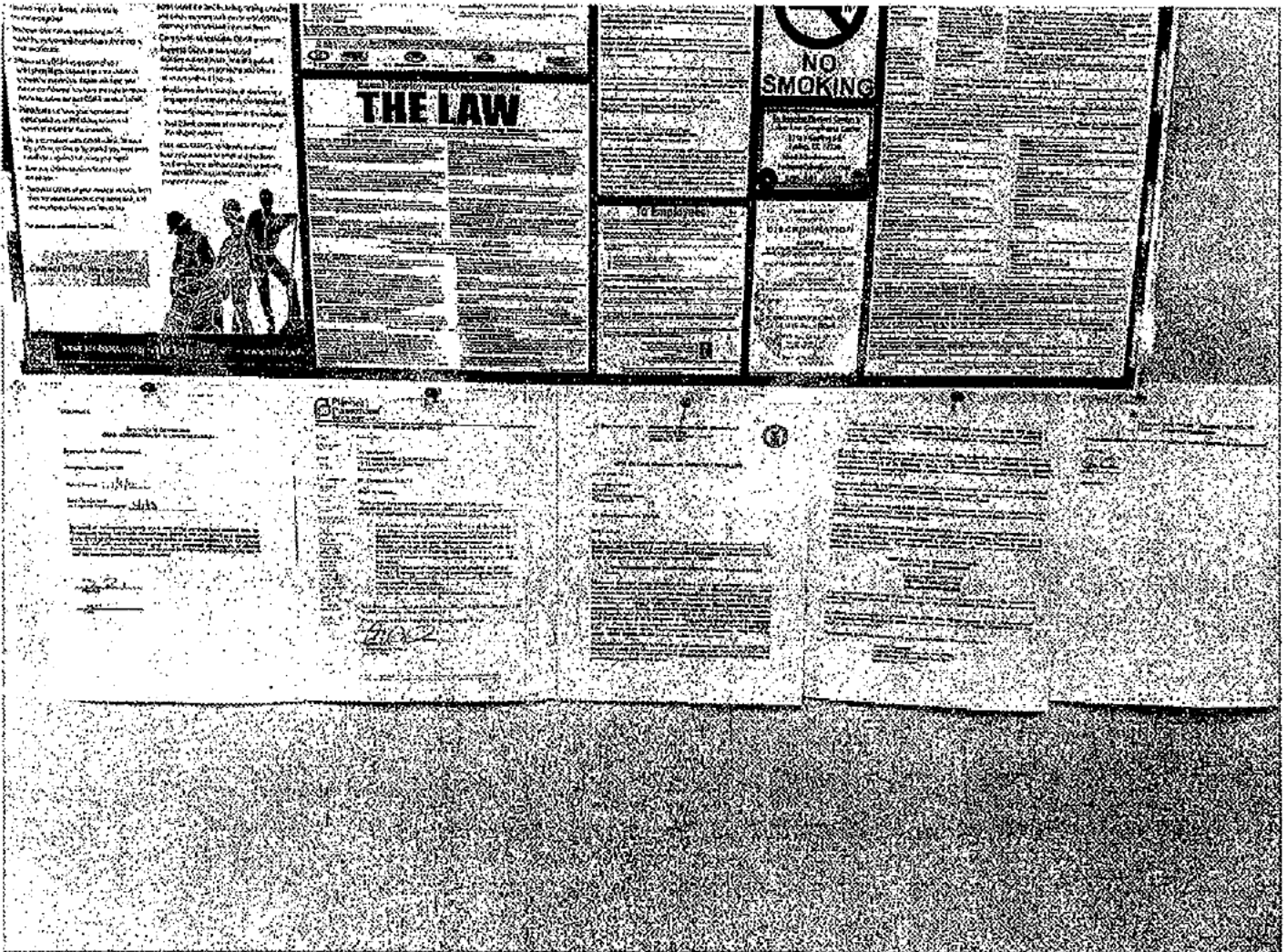
Today, 10:33 AM

Alterizio, Penny

Reply all

Sent Items

From: Justin Rand <(b) (7)(C)@ppsoflo.com>  
 Sent: Friday, June 8, 2018 10:32 AM  
 To: Rand, Justin  
 Subject: Posting



**Workers' Compensation Medical Providers List**  
Prepared for:  
Planned Parenthood of S. OH, E. & W. Virginia Chap.  
1171 West End Street  
Columbus, OH 43201

**EMPLOYEE NOTICE**

ALL ACCESSIBLE MUST BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY FOR WORK RELATED INJURY. MEDICAL SERVICES MAY BE RENDERED TO YOU AT THE ABOVE FACILITIES LISTED BELOW.

**Medical Providers**

<b>Emergency Medical Services - Emergency Medical</b>	<b>Care Medical Center - Medical Care LLC</b>
3700 EAST 10TH AVE COLUMBUS, OH 43202	1171 WEST END ST COLUMBUS, OH 43201
<b>Hospitals</b>	
<b>Worthington Medical Hospital</b>	
3700 EAST 10TH AVE COLUMBUS, OH 43202	


**Chemicals**

And Other, Inc. (a subsidiary of) 10000 W. 10th Avenue, Park and West, Denver, Colorado 80202


10000 W. 10th Avenue, Park and West, Denver, Colorado 80202

10000 W. 10th Avenue, Park and West, Denver, Colorado 80202

10000 W. 10th Avenue, Park and West, Denver, Colorado 80202




**EMPLOYEE CONCERNS HOTLINE**  
844.257.2728




**Planned Parenthood is committed to the highest standards of business conduct and ethics.**

Our employees are the backbone of our organization. We are committed to providing a safe and healthy work environment for all our employees. We are committed to providing a safe and healthy work environment for all our employees.

For more information, please contact us at 844.257.2728. We are committed to providing a safe and healthy work environment for all our employees.



  
**Whistleblowing**

**A "whistleblower" discloses information he or she reasonably believes evidences:**

- A violation of any law, rule or regulation
- Gross mismanagement
- A gross waste of funds
- An abuse of authority
- A substantial and specific danger to public health, safety or the environment
- A substantial and specific danger to public safety

The Office of Special Counsel (OSC) provides a secure channel through which current and former federal employees and applicants for federal employment may make confidential disclosures. OSC exercises the discretion to determine whether there is a substantial likelihood that one of the categories listed above has been violated. If such a determination is made, OSC has the authority to request the head of the agency to investigate the matter.

To make a disclosure contact:  
**U.S. OFFICE OF SPECIAL COUNSEL**  
1700 STREET, N.W., SUITE 218  
WASHINGTON, DC 20036-4505

PHONE: (202) 253-3640 • TOLL FREE: 1-800-525-2249  
\*Hearing and Speech Disabled, TDD or Teletypewriter Access: 1-800-525-2249

[WWW.OSC.GOV](http://WWW.OSC.GOV)

Attachment A

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

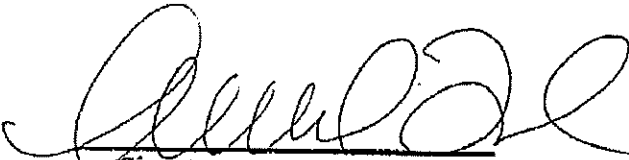
Employer Name: Planned Parenthood

Complaint Number: 1344230

Date of Posting: 6/8/18

Date Copy Given to  
an Employee Representative: 6/7/18

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 in a conspicuous place, where all affected employees will have notice, or near such location where the violation occurred, and such notice has been given to each authorized representative of affective 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

COO  
Title

(b) (7)(C)


OSHA

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**From:** Jasmine Pariza-Peek (b) (7)(C)  
**Sent:** Friday, June 08, 2018 5:03 PM  
**To:** OSHA - Jacksonville Area Office  
**Subject:** (b) (7)(D)

Mrs. Gonzalez,

(b) (7)(D)



Sent from my iPhone

# Workers' Compensation Medical Providers List

Prepared for:

Pinhead Parishhood of South FL & Treasure Coast  
2121 West Peninsula Street  
Tallahassee, FL 32304

## EMPLOYEE NOTICE

ALL ACCIDENTS MUST BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY!  
FOR WORK RELATED INJURIES, MEDICAL SERVICES MAY BE OBTAINED FROM ONE OF THE MEDICAL FACILITIES LISTED BELOW:

If you require emergency medical treatment, go to the nearest hospital emergency room or urgent care facility.

### Medical Providers

Tallahassee Memorial Physician Partners Quincy  
Family Practice  
175 Lakeland Blvd Dr  
Quincy, FL 32351  
850-875-3600

Caro Medical Care-Caro Medical Care, LLC  
Family Practice  
1178 8th St SE  
Caro, GA 30628  
229-377-2002

### Hospitals

Tallahassee Memorial Hospital  
Hospital - General  
1309 Microwave Rd  
Tallahassee, FL 32308  
850-451-1155

### Pharmacies

AIG Claims, Inc. preferred Pharmacy (PPO is TMSYS) (Time-to-visit). Please ask your Pharmacist to submit your prescription online.

- Costco Pharmacy
- Food World Pharmacy
- Publix Pharmacy
- CVS Pharmacy
- R-Star Pharmacy
- Walgreen Drug Store
- Exotic Drug
- Medicine Pharm Svcs Inc
- Winn Dixie Pharmacy
- Farmhouse Pharmacy
- Medicine Shoppe Pharmacy-Food
- Food City Pharmacy
- Nacarro Discount Pharmacy

If you come across any inaccuracies in the provider listing, please report them to us by contacting [pinhead@pinhead.com](mailto:pinhead@pinhead.com)



U.S. Department of Labor

Occupational Safety and Health Administration  
Jacksonville Area Office  
1851 Executive Center Drive Suite 227  
Jacksonville, FL 32207



June 8, 2018

(b) (7)(D)

RE: OSHA Complaint No. 1344230

(b) (7)(D)

Planned Parenthood has advised me that the hazards you complained about have been investigated. The employer states that, if a hazard was found to exist, the necessary steps have been taken to correct the hazardous condition. A copy of the employer's letter is enclosed.

With this information, OSHA believes the case can be closed on the grounds that the hazardous condition has been corrected. If you do not agree that the hazards you complained about have been satisfactorily abated, please contact us in writing by June 21, 2018 at:

Michelle Gonzalez  
USDOL/OSHA/Jacksonville Area Office  
1851 Executive Center Drive Suite 227  
Jacksonville, FL 32207  
Telephone: (904) 232-2895 Facsimile: (904) 232-1294  
E-Mail: [jacksonville.osha@dol.gov](mailto:jacksonville.osha@dol.gov)

If we do not hear from you within that time, we will assume that the hazard has been corrected or eliminated, and we will take no further action with respect to this case.

Section 11(c) of the Occupational Safety and Health Act protects employees from being discriminated against because of their involvement in protected activities related to safety and health. If you believe you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with OSHA. You should file this complaint as soon as possible, because OSHA normally can accept only those complaints filed within 30 days of the alleged discriminatory action.

Your action on behalf of safety and health in the workplace is sincerely appreciated.

Sincerely,

  
Michelle Gonzalez  
Acting Area Director



Planned Parenthood of South, East and North Florida

2300 N Florida Mango Rd. West Palm Beach, FL 33409 MAIN (561) 848-6402 FAX (561) 848-6402

TO: <u>Michelle Gonzalez</u>	FROM: <u>Penny Atterizio</u>
COMPANY: <u>OSHA</u>	DATE: <u>6/7/18</u>
PHONE NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: <u>3</u>
FAX NUMBER: <u>904-232-1294</u>	SENDER PHONE NUMBER: <u>772-692-2024</u>
SUBJECT: <u>Response letter</u>	SENDER FAX NUMBER: <u>772-692-1555</u>

URGENT 
  FOR REVIEW 
  PLEASE COMMENT 
  PLEASE REPLY 
  PLEASE RECYCLE

MESSAGE:

RECEIVED JUN 07 2018

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Planned Parenthood of South, East and North Florida

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 Hannelie S. Glasner  
 (1906-2002)

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June 6, 2018

Michelle Gonzaloz  
 Occupational Safety and Health Administration  
 1851 Executive Center Drive Suite 227  
 Jacksonville, FL. 32207

RECEIVED JUN 07 2018

RE: Complaint no. 1344230

Dear Ms. Gonzalez,

Thank you for the information in your letter dated June 5, 2018 regarding the anonymous complaint. We have stringent policies and procedures to support the safety of our patients and employees. Specific to this complaint we confirm:

BOARD OF DIRECTORS

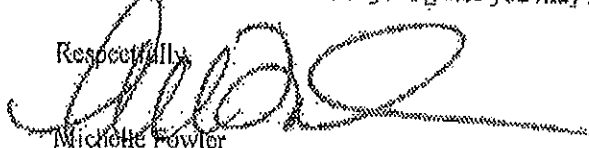
David L. Dall  
 Merisa S. Sutton  
 Kristen Doolittle  
 Barbara Garrett  
 Theodore Glasser, MD  
 Lauren Groff  
 Paula Hundt  
 Carol C. Lang  
 Marsha Z. Laufer  
 Valerie McCarthy  
 Priscilla R. Mironire  
 Carol Bryden Moore  
 Edward Schmidt  
 Lindsay Smith  
 Stephen J. Von Gehsen  
 Jan Wellingner  
 Antonja Wright

- Safety needles are used at all times, limiting the incidents of needle sticks.
- All health center employees are trained and observed using all proper OSHA required procedures during their initial training period and do not to work independently until they are approved by the designated trainer.
- All health center employees are trained in and are aware of our needle stick protocol and the location of the training materials.
- The program is located on the employee intranet and information is posted in each facility.
- A Workers Compensation Medical Provider List (attached), as well as a Worker's Compensation poster are both posted in the employee breakroom.
- We follow Planned Parenthood Federation's Infection Control Manual, which contains a section on needle sticks.
- OSHA training is conducted annually.
- The guidelines established in our OSHA Manual are followed.

We will mail you a copy of the picture that shows the posting in the health center of the Workers Compensation Medical Provider List.

Please contact us if there is anything else you may require from us.

Respectfully,



Michelle Fowler  
 Chief Operating Officer  
 561-472-9990

PRESIDENT/CEO  
 Lillian A. Tamayo



ling

## Workers' Compensation Medical Providers List

Prepared for:

Planned Parenthood of South FL & Treasure Coast  
2121 West Pensacola Street  
Tallahassee, FL 32304

### EMPLOYEE NOTICE

ALL ACCIDENTS MUST BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY!

FOR WORK RELATED INJURIES, MEDICAL SERVICES MAY BE OBTAINED FROM ONE OF THE MEDICAL ACTIVITIES LISTED BELOW:

If you require emergency medical treatment, go to the nearest hospital emergency room or urgent care facility.

#### Medical Providers

Tallahassee Memorial Physician Partners Quincy

*Family Practice*  
Quincy, FL 32351  
850-875-3600

*Family Practice* 178 Lasalle Lefall Dr

†Cairo Medical Care-Cairo Medical Care, LLC

1178 5th St SE  
Cairo, GA 39828  
229-377-2002

#### Hospitals

Tallahassee Memorial Hospital

*Hospital - General*  
1300 Miccosukee Rd  
Tallahassee, FL 32308  
850-431-1155

#### Pharmacies

IG Claims, Inc. preferred Pharmacy PPO is TMBSYS (Tim-a-sis). Please ask your Pharmacist to submit your prescription online.

Costco Pharmacy	CVS Pharmacy	Eckerd Drug	Familymeds Pharmacy	Food City Pharmacy
Wal World Pharmacy	K-Mart Pharmacy	Mediserve Pharm Svcs Inc	Medicine Shoppe Pharmacy-Food	Navarro Discount Pharmacy
Walgreens Pharmacy	Walgreen Drug Store	Winn Dixie Pharmacy		

If you come across any inaccuracies in the provider listing, please report them to us by contacting [pic\\_rg@data.com](mailto:pic_rg@data.com).

U.S. Department of Labor

Occupational Safety and Health Administration  
Jacksonville Area Office  
1851 Executive Center Drive Suite 227  
Jacksonville, FL 32207



June 8, 2018

(b) (7)(D)

RE: OSHA Complaint No. 1344230

(b) (7)(D)

Planned Parenthood has advised me that the hazards you complained about have been investigated. The employer states that, if a hazard was found to exist, the necessary steps have been taken to correct the hazardous condition. A copy of the employer's letter is enclosed.

With this information, OSHA believes the case can be closed on the grounds that the hazardous condition has been corrected. If you do not agree that the hazards you complained about have been satisfactorily abated, please contact us in writing by June 21, 2018 at:

Michelle Gonzalez  
USDOL/OSHA/Jacksonville Area Office  
1851 Executive Center Drive Suite 227  
Jacksonville, FL 32207  
Telephone: (904) 232-2895 Facsimile: (904) 232-1294  
E-Mail: [jacksonville.osha@dol.gov](mailto:jacksonville.osha@dol.gov)

If we do not hear from you within that time, we will assume that the hazard has been corrected or eliminated, and we will take no further action with respect to this case.

Section 11(c) of the Occupational Safety and Health Act protects employees from being discriminated against because of their involvement in protected activities related to safety and health. If you believe you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with OSHA. You should file this complaint as soon as possible, because OSHA normally can accept only those complaints filed within 30 days of the alleged discriminatory action.

Your action on behalf of safety and health in the workplace is sincerely appreciated.

Sincerely,

  
Michelle Gonzalez  
Acting Area Director



Planned Parenthood of South, East and North Florida

2300 N Florida Mango Rd. West Palm Beach, FL 33409 MAIN (561) 848-6402 FAX (561) 848-6402

TO: <u>Michelle Gonzalez</u>	FROM: <u>Penny Aterizio</u>
COMPANY: <u>OSHA</u>	DATE: <u>6/7/18</u>
PHONE NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: <u>3</u>
FAX NUMBER: <u>904-232-1294</u>	SENDER PHONE NUMBER: <u>772-692-2024</u>
SUBJECT: <u>Response letter</u>	SENDER FAX NUMBER: <u>772-692-1555</u>

URGENT  
 FOR REVIEW  
 PLEASE COMMENT  
 PLEASE REPLY  
 PLEASE RECYCLE

MESSAGE:

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June 6, 2018

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RECEIVED JUN 07 2018

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 Marisa S. Butler  
 Kirsten Doolittle  
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Michelle Fowler  
 Chief Operating Officer  
 561-472-9990

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 Lillian A. Tamayo

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Pharmacy	Walgreen Drug Store	Winn Dixie Pharmacy		

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U.S. Department of Labor

Occupational Safety and Health Administration

Jacksonville Area Office  
1851 Executive Center Drive Suite 227  
Jacksonville, FL 32207



SENT VIA EMAIL (4 pages)...NO HARD COPY TO FOLLOW

June 5, 2018

Planned Parenthood  
Justin Reed  
2618 West Tennessee Street  
Tallahassee, FL 32304

RE: OSHA Complaint No. 1344230

Dear Employer:

On June 4, 2018 the Occupational Safety and Health Administration (OSHA) received a notice of alleged workplace hazard(s) at your worksite at 2618 West Tennessee Street Tallahassee, FL 32304. A representative of your company was notified, by telephone, of alleged hazards on June 5, 2018. The specific nature of the alleged hazards are as follows:

- a. The employer does not have a needle stick program, exposing employees to health hazards.

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, you are requested to immediately investigate the alleged conditions and make any necessary corrections or modifications. Please fax or mail a reply back by **June 12, 2018**, advising me in writing of the results of your investigation. Please provide any supporting documentation of your findings, including any applicable measurements or monitoring results, and photographs which you believe would be helpful, as well as a description of any corrective action you have taken or are in the process of taking, including photographs of the corrected condition. **Please fax us your response if possible, the fax telephone number is (904) 232-1294. However, please do not fax photographs or lengthy responses. They should be mailed. Mailed responses should be sent to address in our letterhead.**

The complainant involved has been advised of this preliminary response to the complaint of hazards, and we will share what you send to us with the complainant. Section 11(c) of the OSH Act provides protection for employees against discrimination because of their involvement in protected safety and health related activity.

This letter is not a citation which, according to the OSH Act, may be issued only after an inspection or investigation of the workplace. It is our goal to assure that hazards are promptly identified and eliminated. We encourage employee participation in investigating and responding to any alleged hazard.

**If we do not receive a response from you by June 12, 2018, 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 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 letters.

Finally, any action taken by you in this matter will not automatically remove your workplace from the possibility of an unannounced inspection by duly authorized representatives of OSHA in accordance with routine scheduling procedures currently in effect.

Your state offers OSHA consultation services, without charge, to assist in resolving all occupational safety and health issues. However, 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. To discuss or request the services, call or write your State consultation project at the following address:

USF Safety Florida Consultation Program  
13201 Bruce B Downs Boulevard  
MDC56  
Tampa, Florida 33612-3805  
Toll Free 1-866-273-1105  
[www.usfsafetyflorida.com](http://www.usfsafetyflorida.com)

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 (see 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.

If you have any questions concerning this matter, please contact the Area Office at:

Michelle Gonzalez  
USDOL/OSHA/Jacksonville Area Office  
1851 Executive Center Drive Suite 227  
Jacksonville, FL 32207

Telephone: (904) 232-2895 Facsimile: (904) 232-1294  
E-Mail: [jacksonville.osha@dol.gov](mailto:jacksonville.osha@dol.gov)

Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michelle Gonzalez', written over the typed name.

Michelle Gonzalez  
Acting Area Director

Attachments



Attachment A

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

Employer Name: Planned Parenthood

Complaint Number: 1344230

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 in a conspicuous place, where all affected employees will have notice, or near such location where the violation occurred, and such notice has been given to each authorized representative of affective 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