

U.S. Department of Labor

Occupational Safety and Health Administration
Brien McMahon Federal Building
915 Lafayette Boulevard, Room 309
Bridgeport, CT 06604
Phone: 203-579-5581 Fax: 203-579-5516



Citation and Notification of Penalty

To:

Quest Diagnostics Corporation dba Ameripath
Northeast aka Ameripath New York
and its successors
1 Greenwich Place
Shelton, CT 06484

Inspection Number: 1130019**Inspection Date(s):** 03/02/2016 - 08/15/2016**Issuance Date:** 08/18/2016**Inspection Site:**

1 Greenwich Place
Shelton, CT 06484

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 either call to schedule an informal conference (see paragraph below) or** 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.

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.

If you decide to request an informal conference, please complete, remove and post the Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

Right to Contest – You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. **Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.**

Penalty Payment – Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance. You can also make your payment electronically on www.pay.gov. On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "OSHA" and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is:

<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>.

You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$25,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

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

Notification of Corrective Action – For each violation which you do not contest, you must provide *abatement certification* to the Area Director of the OSHA office issuing the citation and identified above. This abatement certification is to be provided by letter within 10 calendar days after each abatement date. Abatement certification includes the date and method of abatement. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item. The abatement certification letter must be posted at the location where the violation appeared and the corrective action took place or employees must otherwise be effectively informed about abatement activities. A sample abatement certification letter is enclosed with this Citation. In addition, where the citation indicates that *abatement documentation* is necessary, evidence of the purchase or repair of equipment, photographs or video, receipts, training records, etc., verifying that abatement has occurred is required to be provided to the Area Director.

Employer Discrimination Unlawful – The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

Employer Rights and Responsibilities – The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

Notice to Employees – The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.

Inspection Activity Data – You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office.



NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 08/18/2016. The conference will be held by telephone or at the OSHA office located at Brien McMahon Federal Building, 915 Lafayette Boulevard, Room 309, Bridgeport, CT 06604 on _____ at _____. Employees and/or representatives of employees have a right to attend an informal conference.

CERTIFICATION OF CORRECTIVE ACTION WORKSHEET

Inspection Number: 1130019

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York

Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Issuance Date: 08/18/2016

List the specific method of correction for each item on this citation in this package that does not read "Corrected During Inspection" and return to: **U.S. Department of Labor – Occupational Safety and Health Administration, Brien McMahon Federal Building, 915 Lafayette Boulevard, Room 309, Bridgeport, CT 06604**

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____

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

Signature

Date

Typed or Printed Name

Title

NOTE: 29 USC 666(g) whoever knowingly makes any false statements, representation or certification in any application, record, plan or other documents filed or required to be maintained pursuant to the Act shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment of not more than 6 months or both.

POSTING: A copy of completed Corrective Action Worksheet should be posted for employee review

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

Inspection Number: 1130019
Inspection Date(s): 03/02/2016 - 08/15/2016
Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

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

29 CFR 1910.37(a)(4): Safeguard(s) designed to protect employees during an emergency (e.g., sprinkler systems, alarm systems, fire doors, exit lighting), were not in proper working order at all times:

Location: 1 Greenwich Place, Shelton, CT 06484

Automatic fire protection sprinkler heads and Carbon Monoxide detectors in the newly renovated section of the histology laboratory were covered with an orange plastic covers.

Date By Which Violation Must be Abated:
Proposed Penalty:

Corrected During Inspection
\$8,908.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

Inspection Number: 1130019
Inspection Date(s): 03/02/2016 - 08/15/2016
Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

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

29 CFR 1910.132(d)(1): The employer did not assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE):

Location: 1 Greenwich Place, Shelton, CT 06484.

A workplace hazard assessment was not conducted to determine what personal protective equipment was necessary for tasks such as but not limited to changing the hematoxylin and eosin stainer and grossing formalin fixed samples.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:

09/07/2016

Proposed Penalty:

\$8,908.00

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

Inspection Number: 1130019
Inspection Date(s): 03/02/2016 - 08/15/2016
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Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 3 Type of Violation: **Serious**

29 CFR 1910.1048(d)(2): The employer did not identify all employees that may be exposed at or above the action level or at or above the STEL and accurately determined the exposure of each employee:
(Construction Reference: 1926.1148):

Location: 1 Greenwich Place, Shelton, CT 06484.

Each construction worker engaged in construction work activity in the histology laboratory was not evaluated and monitored/sampled for exposure(s) to formaldehyde at or above the action level or at or above the STEL.

Date By Which Violation Must be Abated:
Proposed Penalty: ..

Corrected During Inspection
\$8,908.00

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Occupational Safety and Health Administration

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Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 4 Type of Violation: **Serious**

29 CFR 1910.1048(h)(1)(ii): Contact with irritating or sensitizing materials was not prevented to the extent necessary to eliminate the hazard: (Construction Reference: 1926.1148):

Location: 1 Greenwich Place, Shelton, CT 06484.

Each construction worker engaged in construction worker activity in the histology laboratory was not prevented from having contact with irritating or sensitizing materials including but not limited to xylene, acetic acid, and alcohols.

Date By Which Violation Must be Abated:
Proposed Penalty:

Corrected During Inspection
\$8,908.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 5 Type of Violation: **Serious**

29 CFR 1910.1048(n)(1): The employer did not ensure that all employees who were assigned to workplaces where there was exposure to formaldehyde participated in a training program:
(Construction Reference: 1926.1148):

Location: 1 Greenwich Place, Shelton, CT 06484.

Each construction worker engaged in construction activity in the histology laboratory was not provided with a formaldehyde training program.

Date By Which Violation Must be Abated:
Proposed Penalty:

Corrected During Inspection
\$8,908.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

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Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 6 Type of Violation: **Serious**

29 CFR 1910.1450(d)(4): The employer did not within 15 working days after the receipt of any monitoring results of laboratory employees' exposures to any substance regulated by a standard, notify the employees of these results in writing either individually or by posting results in an appropriate location that was accessible to employees:

Location: 1 Greenwich Park, Shelton, CT 06484.

The monitoring/sampling results for April 2015, April 2014, and April 2013 were not provided to each laboratory employee in writing or by posting the results within 15 working days after receipt of the monitoring results.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:
Proposed Penalty:

09/14/2016
\$8,908.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

Inspection Number: 1130019
Inspection Date(s): 03/02/2016 - 08/15/2016
Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 7 Type of Violation: **Serious**

29 CFR 1910.1450(e)(1)(i): Where hazardous chemicals were used in the workplace, the employer did not develop and carry out the provisions of a written Chemical Hygiene Plan which were capable of protecting employees from health hazards associated with hazardous chemicals in that laboratory:

Location: 1 Greenwich Park, Shelton, CT 06484.

Each section of the Chemical Hygiene Plan was not implemented for every employee exposed to health hazards associated with xylene, acetic acid, and alcohols, in the processing area while changing solutions in the stainers and paraffin wax processor.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:

09/14/2016

Proposed Penalty:

\$12,471.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

Inspection Number: 1130019
Inspection Date(s): 03/02/2016 - 08/15/2016
Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 8 Type of Violation: **Serious**

29 CFR 1910.1450(e)(3)(iii): The employer's Chemical Hygiene Plan did not include a requirement that fume hoods and other protective equipment functioned properly and did not include specific measures that would be taken to ensure proper and adequate performance of such equipment:

Location: 1 Greenwich Park, Shelton, CT 06484.

The Chemical Hygiene Plan did not include the requirements for proper functionality and specific measures that would be taken to ensure proper performance on the Mopec Grossing Stations serial number MB100C09001, MB100C09002, and MB100C09003.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:
Proposed Penalty:

09/07/2016
\$12,471.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

Inspection Number: 1130019
Inspection Date(s): 03/02/2016 - 08/15/2016
Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 9 Type of Violation: **Serious**

29 CFR 1910.1450(e)(3)(viii)(C): The employer's Chemical Hygiene Plan did not include provisions for work with particularly hazardous substances giving specific consideration to the procedures for safe removal of contaminated waste.

Location: 1 Greenwich Park, Shelton, CT 06484.

The Chemical Hygiene Plan did not contain procedures for the safe separation and removal of incompatible chemical waste(s).

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:
Proposed Penalty:

09/07/2016
\$12,471.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

Inspection Number: 1130019
Inspection Date(s): 03/02/2016 - 08/15/2016
Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 10 Type of Violation: **Serious**

29 CFR 1910.1450(f)(3)(i): The employer did not inform laboratory employees of the contents of this standard and its appendices:

Location: 1 Greenwich Park, Shelton, CT 06484.

Each laboratory employee was not informed of 29 CFR 1910.1450 standard nor its appendices.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:
Proposed Penalty:

09/07/2016
\$8,908.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

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Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 11 Type of Violation: **Serious**

29 CFR 1910.1450(f)(3)(ii): The employer did not inform laboratory employees of the location and availability of the Chemical Hygiene Plan:

Location: 1 Greenwich Park, Shelton, CT 06484.

Each laboratory employee was not informed of the location and availability of the Chemical Hygiene Plan.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:
Proposed Penalty:

09/07/2016
\$8,908.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

Inspection Number: 1130019
Inspection Date(s): 03/02/2016 - 08/15/2016
Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 12 Type of Violation: **Serious**

29 CFR 1910.1450(f)(3)(iv): The employer did not inform laboratory employees of signs and symptoms associated with exposure to hazardous chemicals used in the laboratory:

Location: 1 Greenwich Park, Shelton, CT 06484.

Each laboratory employee was not informed of the signs and symptoms associated with exposure to chemicals used often in the histology laboratory including but not limited to acetic acid, alcohols, formaldehyde, and xylene.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:	09/07/2016
Proposed Penalty:	\$12,471.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

Inspection Number: 1130019
Inspection Date(s): 03/02/2016 - 08/15/2016
Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 13 Type of Violation: **Serious**

29 CFR 1910.1450(f)(4)(i)(A): Employee training did not include methods and observations that could be used to detect the presence or release of a hazardous chemical:

Location: 1 Greenwich Park, Shelton, CT 06484.

Each laboratory employee was not provided with training on the methods and observations used to detect the presence or release of hazardous chemicals such as but not limited to formaldehyde, xylene, acetic acid, and alcohol.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:
Proposed Penalty:

09/07/2016
\$8,908.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor

Occupational Safety and Health Administration

Inspection Number: 1130019

Inspection Date(s): 03/02/2016 - 08/15/2016

Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 14 Type of Violation: **Serious**

29 CFR 1910.1450(f)(4)(ii): The laboratory employee was not trained on the applicable details of the employer's written Chemical Hygiene Plan:

Location: 1 Greenwich Park, Shelton, CT 06484.

Each laboratory employee was not provided with training on the applicable details of the Chemical Hygiene Plan.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:

09/07/2016

Proposed Penalty:

\$8,908.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

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Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 1 Item 15 Type of Violation: **Serious**

29 CFR 1910.1450(g)(1)(i): Employees who had developed signs or symptoms associated with a hazardous chemical to which the employee could have been exposed in the laboratory, were not provided an opportunity to receive an appropriate medical examination:

Location: 1 Greenwich Park, Shelton, CT 06484.

Each employee that developed signs and symptoms associated with a hazardous chemical such as but not limited to formaldehyde, xylene, acetic acid, and alcohols was not provided an opportunity to receive appropriate medical examination.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:
Proposed Penalty:

09/07/2016
\$12,471.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor

Occupational Safety and Health Administration

Inspection Number: 1130019

Inspection Date(s): 03/02/2016 - 08/15/2016

Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 2 Item 1 Type of Violation: **Other-than-Serious**

29 CFR 1904.32(a)(4): The employer did not post an OSHA 300A Form or equivalent by February 1 thru April 30.

Location: 1 Greenwich Place, Shelton, CT 06484.

On or about March 2, 2016, the OSHA 300A Form, summary of work-related injuries and illnesses or equivalent, was not posted for calendar year 2015.

Date By Which Violation Must be Abated:
Proposed Penalty:

09/14/2016
\$1,000.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

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

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Issuance Date: 08/18/2016



Citation and Notification of Penalty

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484

Citation 2 Item 2 Type of Violation: **Other-than-Serious**

29 CFR 1910.134(k)(6): The employer did not provide the basic advisory information on respirators, as presented in Appendix D of 29 CFR 1910.134, in written or oral format to employees who wear respirators when such use was not required by the employer:

Location: 1 Greenwich Place, Shelton, CT 06484

Each employee voluntarily using dust masks were not provided with Appendix D of 29 CFR 1910.134.

Date By Which Violation Must be Abated:
Proposed Penalty:

09/14/2016
\$0.00

A handwritten signature in black ink, appearing to read "R. Kowalski", written over a horizontal line.

Robert Kowalski
Area Director

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration
Brien McMahon Federal Building
915 Lafayette Boulevard, Room 309
Bridgeport, CT 06604
Phone: 203-579-5581 Fax: 203-579-5516



INVOICE / DEBT COLLECTION NOTICE

Company Name: Quest Diagnostics Corporation dba Ameripath Northeast aka Ameripath New York
Inspection Site: 1 Greenwich Place, Shelton, CT 06484
Issuance Date: 08/18/2016

Summary of Penalties for Inspection Number	1130019
Citation 1, Serious	\$151,435.00
Citation 2, Other-than-Serious	\$1000.00
TOTAL PROPOSED PENALTIES	\$152,435.00

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: "DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance. You can also make your payment electronically on www.pay.gov. On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "OSHA" and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is <https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>. You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$25,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

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

If a personal check is issued, it will be converted into an electronic fund transfer (EFT). This means that our bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will then usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. The bank will destroy your

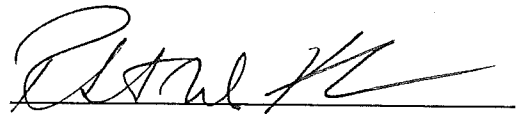
original check, but will keep a copy of it. If the EFT cannot be completed because of insufficient funds or closed account, the bank will attempt to make the transfer up to 2 times.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

Interest: Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is one percent (1%). Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

Delinquent Charges: A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

Administrative Costs: Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.



Robert Kowalski

Area Director

18 August 2016
Date



August 18, 2016

Dear Marcie Albanesi,

On 03/02/2016, an OSHA compliance officer met with you or your representative as part of an inspection at 1 Greenwich Place, Shelton, CT 06484. This letter includes the citations for the violations that were found (see summary below). Please choose one of the three options from the box to the right and complete the associated steps found on the following page **within 15 working days**. Please call us if you have any questions about the enclosed citation and/or penalties; we are here to help you choose the best option to resolve your citation as quickly as possible.

Sincerely,


Robert Kowalski, Area Director

Your Citation Summary

Quest Diagnostics Corporation
Inspection Number: 1130019

Total Amount Due: \$152,435.00
Payment Due Date: 15 working days
after receipt of
this letter

You must correct each violation by the date listed in the Citation and Notification of Penalty. Please see the violations and the correction deadline for each violation starting on page 6.

Total Number of Violations : 17

Your First Correction Deadline is:
09/07/2016

Step 1 – Choose a Response Option and *Act within 15 working days*

Respond now before you lose the ability to discuss potential adjustments to penalty amounts and/or due dates. Please choose one option below and complete the steps on the next page.

Option #1 – Discuss with OSHA

I would like to discuss the citation with an OSHA representative. This may lead to changes in the penalty amount, due date or correction deadlines (if appropriate).

Option #2 – Correct and Pay

I agree with the citation, penalties, and correction deadlines, and do not contest.

Option #3 – Contest the Citation

I do not agree with the citation, penalties, and/or correction deadlines, and would like to contest.

Questions or Concerns?

If you have any questions or concerns regarding the citation, penalties, and/or correction deadlines, please call us at (203) 579-5581.

Step 2 – Complete One Option Checklist

Please post a copy of the citation at or near the place where each violation occurred, even if you plan to contest. You can use the checklist to the right to help plan your next steps. Please do not send in your checklist.

Option #1 – Discuss with OSHA

I will complete by:



1. Call: Robert Kowalski, Area Director, at (203) 579-5581 as soon as possible to schedule a meeting with an OSHA representative that must occur **within 15 working days** of receiving this citation. Bring supporting documentation of existing conditions and corrections done thus far. If necessary, you can still contest the citation after this meeting. ****This meeting does NOT extend your 15 working day deadline to contest the citation.****

☐ ____ / ____

2. Fill in and post the attached "Notice to Employees OSHA Informal Conference" after scheduling meeting.

☐ ____ / ____

Option #2 – Correct Violations and Pay Penalty

I will complete by:



1. Correct violations, then complete and mail the attached "Certification of Corrective Action Worksheet" along with the appropriate evidence of repair (e.g. photos, purchase orders, etc.) to the OSHA office listed on the first page, **postmarked within 10 calendar days** after each violation's correction deadline and include any required evidence. If these documents are transmitted by means other than mailing, the date the Agency received the documents is the date of submission.

☐ ____ / ____

2. Pay the **Total Penalty** by using one of the following methods:
****Include your Inspection Number (see first page) on the payment.****

☐ ____ / ____

Pay Online: Search "OSHA" on www.pay.gov and complete the "OSHA Penalty Payment Form." Pay by debit, credit or Automated Clearing House (ACH) **within 15 working days**. Penalties over \$25,000 must be paid by ACH and require a Transaction ID (Call 202-693-2170 to obtain one).

Pay by Check: Mail check or money order payable to "DOL-OSHA" for the Total Penalty to the OSHA office listed on the first page **within 15 working days**.

Option #3 – Contest the Citation

I will complete by:



Mail a letter of intent to legally contest to the OSHA office listed on the first page, postmarked within **15 working days**.

☐ ____ / ____