

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



Notice of Unsafe or Unhealthful Working Conditions

To:
U.S. Department of Veterans Affairs VA Connecticut
Health Care System
950 Campbell Avenue
West Haven, CT 06516

Inspection Number: 1067454
Inspection Date(s): 06/02/2015 - 11/19/2015
Issuance Date: 12/01/2015

Inspection Site:
950 Campbell Avenue
West Haven, CT 06516

The violation(s) described in this Notice 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 Notice of Unsafe and Unhealthful Working Conditions (Notice) describes violations of the Occupational Safety and Health Act of 1970, the Executive Order 12196, and 29 CFR 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters. You must abate the violations referred to in this Notice by the dates listed unless, within 15 working days (excluding weekends and Federal holidays) from your receipt of this Notice you request an Informal Conference with the US Department of Labor OSHA Area Office at the address shown above. Please refer to the enclosed publication "Federal Employer Rights and Responsibilities Following an OSHA Inspection" which outlines the appeals procedure for this Notice and which should be read in conjunction with this form.

Posting – The law requires that a copy of this Notice 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 the nature of the employer's operations, where it will be readily observable by all affected employees. This Notice 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.

Notification of Corrective Action – For each violation which you do not appeal, you must provide abatement certification to the Area Director of the OSHA office issuing the Notice 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 Notice 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 template abatement certification letter is enclosed with this Notice. In addition, where the Notice indicates that abatement documentation is required, 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.

Program Responsibilities - Section 19(a)(1) of the OSH Act requires the head of each Federal agency to comply with applicable occupational safety and health standards. The intent of this section and Executive Order 12196 is implemented through 29 CFR 1960.8(b). If you are cited for violations of applicable safety and health standards, you have also violated the program element 29 CFR 1960.8(b), which stipulates:

“The head of each agency shall comply with the Occupational Safety and Health Administration standards applicable to the agency.”

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 within 15 working days after receipt of this Notice. As soon as the time, date, and place of the informal conference have been determined please complete the enclosed “Notice to Employees” and post it where the Notice is posted. During such an informal conference you may present any evidence or views you believe would support an adjustment to the Notice. In addition, bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far.

If you are considering a request for an informal conference to discuss any issues related to the Notice, you must take care to schedule it early enough to allow time to appeal after the informal conference should you decide to do so. Please keep in mind that a written letter of intent to appeal must be submitted by the Agency’s National OSH Manager to the OSHA Area Director within 15 business days of your receipt of the OSHA Notice to request that OSHA’s Regional Administrator review the case.

Inspection Activity Data – You should be aware that OSHA publishes information on its inspection and notice 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 notice. 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

An informal conference has been scheduled with the Occupational Safety and Health Administration (OSHA) to discuss the Notice of Unsafe or Unhealthful Working Conditions (Notice) issued on 12/01/2015. 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 – FEDERAL AGENCIES

Inspection Number: 1067454

Agency Name: U.S. Department of Veterans Affairs VA Connecticut Health Care System

Inspection Site: 950 Campbell Avenue, West Haven, CT 06516

Issuance Date: 12/01/2015

Employer Instruction: List the specific method of correction for each item on the enclosed notices 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.** Failure to submit a timely certification of corrective action may result in a notification to your agency DASHO.

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

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

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

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

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

Notice 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

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: 1067454
Inspection Date(s): 06/02/2015 -
11/19/2015
Issuance Date: 12/01/2015



Notice of Unsafe and Unhealthful Working Conditions

Company Name: U.S. Department of Veterans Affairs VA Connecticut Health Care System
Inspection Site: 950 Campbell Avenue, West Haven, CT 06516

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

29 CFR 1910.132(a): Protective equipment was not used when necessary whenever hazards capable of causing injury and impairment were encountered.

Location: TB lab BLS-3, 2nd floor, Building #2, 950 Campbell Avenue, West Haven, CT 06516

Employees enter the BLS-3 lab without the proper personal protection equipment.

Date by which Violation must be Abated: 12/11/2015

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

Inspection Number: 1067454
Inspection Date(s): 06/02/2015 -
11/19/2015
Issuance Date: 12/01/2015



Notice of Unsafe and Unhealthful Working Conditions

Company Name: U.S. Department of Veterans Affairs VA Connecticut Health Care System
Inspection Site: 950 Campbell Avenue, West Haven, CT 06516

Notice 2 Item 1 Type of Violation: **Repeat**

29 CFR 1910.1030(f)(2)(iv): The employer did not ensure that employees who declined to accept the hepatitis B vaccination offered by the employer signed the statement in appendix A:

Location: 950 Campbell Avenue, West Haven, CT 06516

The employer did not maintain declination forms signed by employees who did not want to receive the Hepatitis B vaccine.

The VA Connecticut health care systems was previously cited for a violation of this occupational safety and health standard or its equivalent standard 29 CFR 1910.1030(f)(2)(iv) which was contained in OSHA inspection number 315110346, citation number 1 item number 7 and was affirmed as a final order on 9/1/11 with respect to a workplace located at 950 Campbell Avenue, West Haven, CT 06515.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date by which Violation must be Abated: 12/11/2015

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

Inspection Number: 1067454
Inspection Date(s): 06/02/2015 -
11/19/2015
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Notice of Unsafe and Unhealthful Working Conditions

Company Name: U.S. Department of Veterans Affairs VA Connecticut Health Care System
Inspection Site: 950 Campbell Avenue, West Haven, CT 06516

Notice 3 Item 1 Type of Violation: **Other-than-Serious**

29 CFR 1910.134(f)(2): The employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

Location: 950 Campbell Avenue, West Haven, CT 06516

The employer did not ensure that all employees using a tight-fitting N 95 3 M 1830 facepiece respirator were fit tested at least annually as required.

Date by which Violation must be Abated: 12/11/2015

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

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Notice of Unsafe and Unhealthful Working Conditions

Company Name: U.S. Department of Veterans Affairs VA Connecticut Health Care System
Inspection Site: 950 Campbell Avenue, West Haven, CT 06516

Notice 3 Item 2 Type of Violation: **Other-than-Serious**

29 CFR 1910.1030(c)(1)(iv): The Exposure Control Plan was not reviewed and updated when necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure:

Location: 950 Campbell Avenue, West Haven, CT 06516

The employer had not reviewed and updated its Exposure Control plan annually.

Date by which Violation must be Abated: 12/18/2015

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

Inspection Number: 1067454
Inspection Date(s): 06/02/2015 -
11/19/2015
Issuance Date: 12/01/2015



Notice of Unsafe and Unhealthful Working Conditions

Company Name: U.S. Department of Veterans Affairs VA Connecticut Health Care System
Inspection Site: 950 Campbell Avenue, West Haven, CT 06516

Notice 3 Item 3 Type of Violation: **Other-than-Serious**

29 CFR 1910.1030(d)(2)(ix): Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Location: Dental Clinic, Building #2, 950 Campbell Avenue, West Haven, CT 06516

Employees regularly ate lunches and snacks in the operatories.

Date by which Violation must be Abated: 12/11/2015

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

Robert Kowalski

Area Director