

## State of Tennessee

Department of Labor and Workforce Development  
220 French Landing Drive  
Nashville, TN 37243  
Phone: 615-741-2793 Fax: 615-253-1623



# Citation and Notification of Penalty

**To:**  
Southeastern Provision LLC  
and its successors  
1617 Helton Road  
Bean Station, TN 37708

**Inspection Number:** 1322271  
**Inspection Date (s):** 04/19/2018  
**Issuance Date:** 08/16/2018  
**Reporting ID:** 0454716  
**CSHO ID:** S4334  
**Optional Report #:** 005-2018

**Inspection Site:**  
1617 Helton Road  
Bean Station, TN 37708

*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.*

On 04/19/2018, an inspection of your establishment/workplace was conducted by the Tennessee Occupational Safety and Health Administration (TOSHA) pursuant to Tennessee Code Annotated §§ 50-3-101 through 50-3-918. This Citation and Notification of Penalty (hereafter referred to as this Citation) allege violations of standards and/or rules promulgated under the provisions of the Code. These alleged violations must be corrected on or before the date indicated with each violation description.

Under the Code, employers have certain responsibilities and rights regarding citations for alleged violations.

## EMPLOYER RESPONSIBILITIES

### POST THIS CITATION

T.C.A. § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require this Citation (or a copy) to be immediately posted at or near the location where each alleged violation occurred, or if not practicable, in a prominent place visible to all employees. This Citation must remain posted until the alleged violations are corrected but for no less than three (3) working days. Equipment, referenced in this Citation, that is moved during the correction period, must have a copy of this Citation attached. Failure to post this Citation subjects the employer to a penalty of up to \$3,000.00 for each Citation not posted.

### CORRECT THE VIOLATIONS

You must correct each violation by the date listed in this Citation unless you request an extension or file a notice of contest. (See "Formal Contest" below.)

## EXTENSION OF CORRECTION DATES

1) You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. The request must be in writing and filed with the TOSHA area office supervisor no later than the end of the business day on the day after the original abatement date. The request must include the following information:

- a) Steps taken to-date to correct the cited conditions.
- b) Additional time needed to achieve compliance.
- c) The reasons additional time is necessary.
- d) All interim steps being taken to safeguard employees against the cited hazard.
- e) A dated certification that a copy of the request has been posted and, if appropriate, served on the authorized representative of affected employees.

The employer shall post a copy of the request in a conspicuous place for a period of twenty (20) calendar days. The area supervisor then has ten (10) days after the posting period to grant or deny the request and will inform the employer of such, in writing, by the end of the ten (10) day period.

To request an extension of correction date(s), contact Mary Misciagna, Area Supervisor at telephone (423) 854-5158 or fax (423) 245-1179.

## NOTIFY TOSHA OF CORRECTIVE ACTION

You must notify Mary Misciagna, in writing, when correction of each alleged violation has been completed. Enclosed is the Abatement Certification Form to be used to report corrective action taken for each violation. Instructions for completing this form are also enclosed.

You must also notify your employees and their representatives (if represented) of corrective action taken by posting the Abatement Certification Form, or by other effective means.

For items identified in this Citation as "**Abatement Verification Required**", you must include additional documentation such as photographs, receipts, work orders, etc. to verify the corrective action taken. Failure to provide this additional documentation to TOSHA will subject the employer to additional penalties of up to \$1,000.00. This additional documentation must also be posted at or near where the violation occurred. Failure to post the additional documentation will subject the employer to additional penalties of up to \$3,000.00.

## PAYMENT OF PENALTY

Payment for the penalty is **due in full thirty (30) days from the date of receipt of this Citation and Notification of Penalty** unless a notice of contest is filed. Correction of alleged violation(s) does not excuse you from payment of any penalty which has become a final order of the Department of Labor and Workforce Development. Penalties not paid within thirty (30) days from the date of receipt will be assessed late fees and interest (see the Penalty Notice enclosed). Penalties should be paid by check or money order made payable to: "Treasurer State of Tennessee." Mail payments to the following address:

State of Tennessee, Department of Labor and Workforce Development  
Division of Occupational Safety and Health  
Attn: Penalty Payments  
220 French Landing Drive  
Nashville, TN 37243-1002

## EMPLOYER RIGHTS

### INFORMAL CONFERENCE

You may request an informal conference to discuss the alleged violations and/or penalties. Informal conferences **must be held within twenty (20) days of the receipt of this Citation and Notification of Penalty**. To schedule an informal conference, contact Mary Misciagna, Area Supervisor at telephone (423) 854-5158 or fax (423) 245-1179. Twenty four (24) hours prior to the informal conference post the "Notice to Employees of Informal Conference" and bring a copy of the notice to the informal conference. A copy of the notice is enclosed.

### FORMAL CONTEST

You have the right to contest any or all parts of this Citation and/or the penalties before the Tennessee Occupational Safety and Health Review Commission. If you choose to contest, you must submit written notification to the Commissioner of Labor and Workforce Development stating what parts of this Citation and Notification of Penalty you are contesting. Notification **must be received within twenty (20) calendar days of receipt of this Citation and Notification of Penalty**. If you do not contest within the twenty (20) calendar day period, this Citation and Notification of Penalty shall be deemed a final order and not subject to further review by any agency or court (T.C.A. §§ 50-3-307(b) and 50-3-407, and Tennessee Department of Labor and Workforce Development Rules Chapter 0800-01-04).

### ADDITIONAL INFORMATION

For additional information, contact Mary Misciagna, Area Supervisor, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health, 5788 Bobby Hicks Highway, Gray, TN 37615.

## ABATEMENT CERTIFICATION FORM INSTRUCTIONS

- 1) Complete this form for each cited violation item as follows:
  - a) Enter the citation number and item number in the first column
  - b) Enter the date the item was corrected in the second column
  - c) Explain in detail how each cited violation item was corrected in the third column (See examples below)
- 2) You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. The request must be in writing and filed with the TOSHA area office supervisor no later than the end of the business day on the day after the original abatement date. The request must include the following information:
  - a) Steps taken to-date to correct the cited conditions.
  - b) Additional time needed to achieve compliance.
  - c) The reasons additional time is necessary.
  - d) All interim steps being taken to safeguard employees against the cited hazard.
  - e) A dated certification that a copy of the request has been posted and, if appropriate, served on the authorized representative of affected employees.

The employer shall post a copy of the request in a conspicuous place for a period of twenty (20) calendar days. The area supervisor then has ten (10) days after the posting period to grant or deny the request and will inform the employer of such, in writing, by the end of the ten (10) day period.

- 3) To request an extension of abatement/correction, contact Mary Misciagna, Area Supervisor at telephone (423) 854-5158 or fax (423) 245-1179.
- 4) Mail or fax the completed form to the Area Office shown on the form
- 5) Contact the Area Office Supervisor for additional information or if you have any questions
- 6) Additional copies can be obtained electronically at:  
[http://tn.gov/assets/entities/labor/attachments/TOSHA\\_Abatement\\_Form\\_2001.pdf](http://tn.gov/assets/entities/labor/attachments/TOSHA_Abatement_Form_2001.pdf)

## Examples of How to Complete the Form

Citation & Item #	Date Corrected	HOW CORRECTED
1/1	02/16/2008	<p>The unguarded band saw #1234 located in the maintenance area was fitted with a factory made guard purchased from Ajax Equipment Co. The unused portion of the blade is now fully enclosed in a metal guard. Employees have been trained in the proper use of safety equipment.</p> <p>(NOTE: This item was identified as "Abatement/Correction Documentation Required" - We have also enclosed photographs of the newly guarded saw and a copy of the purchase documents from Ajax Equipment the parts supplier.)</p>
2/1a	02/18/2008	A plumbed emergency eyewash and drench shower were installed by ABC Plumbing Co in the acid mixing area. Employees have been trained in the proper use and maintenance of this emergency equipment.
2/1b	02/24/2008	A written hazard communication program has been developed (copy enclosed). All employees have been trained about the haz com program and its components. They have also been trained in the proper use of the specific chemicals they may use in performing their jobs.
2/4	REQUEST EXTENSION OF ABATEMENT PERIOD	<p>We ordered deluge showers on 12/15/15 (P.O. #76) and were informed that they would be shipped 12/16/15. Request extension until 01/17/16. As an interim safety precaution, we temporarily provided rubber water hoses at faucets near the plating tanks. Personal protective equipment is mandatory for this area.</p> <p><i>I certify that a copy of this request was posted on the employee' bulletin board on (date) and that employees have been informed of their rights under the Act.</i></p> <p>OR</p> <p>We ordered deluge showers on 12/15/15 (P.O. #76) and were informed that they would be shipped 12/16/15. Request extension until 01/17/16. As an interim safety precaution, we temporarily provided rubber water hoses at faucets near the plating tanks. Personal protective equipment is mandatory for this area.</p> <p><i>I certify that a copy of this request was posted on the employees' bulletin board on (date) and that employees have been informed of their rights under the Act.</i></p>

**ABATEMENT CERTIFICATION FORM**

**AREA SUPERVISOR**

Tennessee Department of Labor and Workforce Development  
Division of Occupational Safety and Health  
5788 Bobby Hicks Highway  
Gray, TN 37615

**SUBMITTED BELOW IS THE ACTION(S) TAKEN TO CORRECT THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF INSPECTION NUMBER: 1322271 ISSUED TO:**

**Southeastern Provision LLC, 1617 Helton Road, Bean Station, TN 37708**

Citation & Item #	Date Corrected	How Corrected
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**A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).**

_____ Employer Official's Signature	____ / ____ / ____ Date	_____ Job Title
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**State of Tennessee**  
Department of Labor and Workforce Development  
Division of Occupational Safety and Health (TOSHA)

**NOTICE TO EMPLOYEES  
OF  
INFORMAL CONFERENCE**

An informal conference has been scheduled with TOSHA to discuss the Citation and Notification of Penalty. The conference will be held at the TOSHA office located at 5788 Bobby Hicks Highway, Gray, TN 37615 on \_\_\_\_\_ (date) at \_\_\_\_\_ (time). Employees and/or representatives of employees have a right to attend an informal conference. Post this notice twenty-four (24) hours prior to the informal conference. A copy of this notice must be brought to the informal conference.

**State of Tennessee**

Department of Labor and Workforce Development  
220 French Landing Drive  
Nashville, TN 37243  
Phone: 615-741-2793 Fax: 615-253-1623

Inspection Number: 1322271  
CSHO ID: S4334  
Optional Report #: 005-2018  
Inspection Date(s): 04/19/2018  
Issuance Date: 08/16/2018



**Citation and Notification of Penalty**

Company Name: Southeastern Provision LLC  
Inspection Site: 1617 Helton Road Bean Station, TN 37708

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

29 CFR 1910.28(b)(14)(i): The employer did not protect each employee on the unprotected working side of a slaughtering facility platform that is 4 feet (1.2 m) or more above a lower level from falling by using guardrail systems or travel restraint systems:

In that one employee was required to complete work activities from a platform that was 8-feet in height with out a guardrail system or a travel restraint system.

ABATEMENT VERIFICATION REQUIRED

<u>Date By Which Violation Must be Abated:</u>	<b>August 24, 2018</b>
<u>Proposed Penalty:</u>	<b>\$1600.00</b>

Citation 1 Item 2                      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.

In that the employer failed to implement use of protective equipment when employees completed task including, but not limited to, using a torch to remove hooves from cows.

ABATEMENT VERIFICATION REQUIRED

<u>Date By Which Violation Must be Abated:</u>	<b>August 24, 2018</b>
<u>Proposed Penalty:</u>	<b>\$1600.00</b>



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**Citation and Notification of Penalty**

**Company Name:** Southeastern Provision LLC  
**Inspection Site:** 1617 Helton Road Bean Station, TN 37708

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Citation 1 Item 3                      **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):

In that the employer failed to do a complete review of the facility and to determine if any Personal Protective Equipment was needed including, but not limited to, forearm burn protection in the foot room and cut resistant gloves for employees working in the processing area.

ABATEMENT VERIFICATION REQUIRED

<u><b>Date By Which Violation Must be Abated:</b></u>	<b>August 24, 2018</b>
<u><b>Proposed Penalty:</b></u>	<b>\$1600.00</b>

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

29 CFR 1910.132(d)(2): The employer did not verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated, the person certifying that the evaluation has been performed, the date(s) of the hazard assessment, and, which identifies the document as a certification of hazard assessment:

In that the employer failed to verify that a hazard assessment had been performed in areas such as the processing and kill floor which require the employees to use Personal Protective Equipment including, but not limited to, safety glasses and cut resistant gloves.

ABATEMENT VERIFICATION REQUIRED

<u><b>Date By Which Violation Must be Abated:</b></u>	<b>August 24, 2018</b>
<u><b>Proposed Penalty:</b></u>	<b>\$1600.00</b>

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**Inspection Date(s):** 04/19/2018  
**Issuance Date:** 08/16/2018



## Citation and Notification of Penalty

**Company Name:** Southeastern Provision LLC  
**Inspection Site:** 1617 Helton Road Bean Station, TN 37708

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

29 CFR 1910.138(a): The employer did not select and require employee(s) to use appropriate hand protection when employees' hands were exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasion; punctures; chemical burns; thermal burns; and harmful temperature extremes.

In that the employer failed to implement the use of protective hand protection when employees completed tasks including, but not limited to, using knives to trim or process meat.

ABATEMENT VERIFICATION REQUIRED

<b><del>Date By Which Violation Must be Abated:</del></b>	<b><del>August 24, 2018</del></b>
<b><del>Proposed Penalty:</del></b>	<b><del>\$1600.00</del></b>

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

29 CFR 1910.147(c)(4)(i): Procedures were not developed, documented and utilized for the control of potentially hazardous energy when employees were engaged in activities covered by this section:

In that the employer had established verbal energy control procedures but failed to establish documented procedures.

ABATEMENT VERIFICATION REQUIRED

<b><del>Date By Which Violation Must be Abated:</del></b>	<b><del>August 24, 2018</del></b>
<b><del>Proposed Penalty:</del></b>	<b><del>\$4000.00</del></b>

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**Inspection Number:** 1322271  
**CSHO ID:** S4334  
**Optional Report #:** 005-2018  
**Inspection Date(s):** 04/19/2018  
**Issuance Date:** 08/16/2018



**Citation and Notification of Penalty**

**Company Name:** Southeastern Provision LLC  
**Inspection Site:** 1617 Helton Road Bean Station, TN 37708

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

29 CFR 1910.147(c)(6)(i): The employer did not conduct a periodic inspection of the energy control procedure at least annually to ensure that the procedure and the requirement of this standard were being followed:

In that the employer had established verbal energy control procedures but failed to complete periodic inspections of the procedures.

ABATEMENT VERIFICATION REQUIRED

**Date By Which Violation Must be Abated:** August 24, 2018  
**Proposed Penalty:** \$4000.00

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

29 CFR 1910.147(c)(7)(i): The employer did not provide training to ensure that the purpose and function of the energy control program are understood by employees and that the knowledge and skills required for the safe application, usage, and removal of the energy controls are acquired by employees.

In that the employer failed to provide training for employees who were required to apply energy control devices to equipment including, but not limited to, the skinning machine, boning conveyor belts, and circular saws.

ABATEMENT VERIFICATION REQUIRED

**Date By Which Violation Must be Abated:** August 24, 2018  
**Proposed Penalty:** \$4000.00

State of Tennessee  
Department of Labor and Workforce Development  
220 French Landing Drive  
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Inspection Number: 1322271  
CSHO ID: S4334  
Optional Report #: 005-2018  
Inspection Date(s): 04/19/2018  
Issuance Date: 08/16/2018



### **Citation and Notification of Penalty**

Company Name: Southeastern Provision LLC  
Inspection Site: 1617 Helton Road Bean Station, TN 37708

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

29 CFR 1910.147(f)(2)(i): When outside servicing personnel were engaged in activities in a facility, the onsite employer and the outside employer did not inform each other of their respective lockout or tagout procedures:

In that the employer failed to inform the outside contractor (PSSI) of their energy control procedures prior to allowing them to work at the facility on equipment.

#### ABATEMENT VERIFICATION REQUIRED

<b><u>Date By Which Violation Must be Abated:</u></b>	<b>August 24, 2018</b>
<b><u>Proposed Penalty:</u></b>	<b>\$1600.00</b>

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

TDLWD Rule 0800-01-03-.03(27)(a): The log of all work-related injuries and illnesses (OSHA Form 300), and/or the summary of work-related injuries and illnesses, (OSHA Form 300-A), and/or the injury and illness incident report (OSHA Form 301) or equivalent forms were not maintained by the establishment:

In that the employer failed to produce the OSHA 300 and 300-A logs for the years 2015, 2016, and 2017.

<b><u>Date By Which Violation Must be Abated:</u></b>	<b>August 31, 2018</b>
<b><u>Proposed Penalty:</u></b>	<b>\$400.00</b>

**State of Tennessee**

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220 French Landing Drive  
Nashville, TN 37243  
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**CSHO ID:** S4334  
**Optional Report #:** 005-2018  
**Inspection Date(s):** 04/19/2018  
**Issuance Date:** 08/16/2018



**Citation and Notification of Penalty**


**Company Name:** Southeastern Provision LLC  
**Inspection Site:** 1617 Helton Road Bean Station, TN 37708

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

TDLWD Rule 0800-01-03-.05(3)(a)2: An establishment with 20 or more employees but fewer than 250 employees and classified in an industry listed in appendix A to 0800-01-03-.05 of this part, did not electronically submit information from OSHA Form 300A Summary of Work-Related Injuries and Illnesses for calendar year 2016 to the OSHA Injury Tracking Application.

In that the employer failed to electronically submit the OSHA Form 300A for calendar year 2016 to the OSHA Injury Tracking Application.

<b><u>Date By Which Violation Must be Abated:</u></b>	<b><u>August 31, 2018</u></b>
<b><u>Proposed Penalty:</u></b>	<b><u>\$400.00</u></b>

  
\_\_\_\_\_  
**Wendylee K. Fisher, Assistant Administrator**  
**Division of Occupational Safety and Health**

**State of Tennessee**

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**Citation and Notification of Penalty**

**Company Name:** Southeastern Provision LLC  
**Inspection Site:** 1617 Helton Road Bean Station, TN 37708

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**PENALTY NOTICE**

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**PENALTY PAYMENT DUE**

Pursuant to T.C.A. §§ 50-3-402 through 408 your company has been assessed a monetary penalty. To avoid the addition of interest and delinquent fees, payment of this penalty is due in full no later than thirty (30) calendar days from the date you received this Citation and Notification of Penalty unless a notice of contest is filed. Penalties should be paid by check or money order payable to "Treasurer State of Tennessee." Mail payment to the following address:

**State of Tennessee, Department of Labor and Workforce Development  
Division of Occupational Safety and Health  
Attn: Penalty Payments  
220 French Landing Drive  
Nashville, TN 37243-1002**

**DELINQUENT FEES AND INTEREST**

Pursuant to T.C.A. § 50-3-107 interest and delinquent fees will be assessed for all unpaid penalty amounts that are over thirty (30) calendar days from the date you received this Citation and Notification of Penalty.

Interest charges will be assessed every thirty (30) days, at an interest rate established pursuant to T.C.A. § 67-1-801(a)(1). In addition to the interest applied, a delinquent fee of ten percent (10%) will be assessed for each penalty unpaid at thirty (30), sixty (60), and ninety (90) days to a maximum of thirty percent (30%).

Unpaid penalties are referred to the Attorney General for collection at one hundred eighty (180) days past due.

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Company Name: Southeastern Provision LLC  
Inspection Site: 1617 Helton Road Bean Station, TN 37708

**SUMMARY OF PENALTIES FOR INSPECTION NUMBER 1322271**

Citation 1 Item 1, Serious	\$1,600.00
Citation 1 Item 2, Serious	\$1,600.00
Citation 1 Item 3, Serious	\$1,600.00
Citation 1 Item 4, Serious	\$1,600.00
Citation 1 Item 5, Serious	\$1,600.00
Citation 1 Item 6, Serious	\$4,000.00
Citation 1 Item 7, Serious	\$4,000.00
Citation 1 Item 8, Serious	\$4,000.00
Citation 1 Item 9, Serious	\$1,600.00
Citation 2 Item 1, Other-than-Serious	\$400.00
Citation 2 Item 2, Other-than-Serious	\$400.00
<b>TOTAL PROPOSED PENALTIES:</b>	<b>\$22,400.00</b>

Wendylee K Fisher, Assistant Administrator  
Division of Occupational Safety and Health

AUG 16 2018

Date

**SUBMIT PAYMENT BY:**

**SEP 15 2018**

**TO OUR NASHVILLE OFFICE**