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:

1309726 04/18/2018

Inspection Date (s): Issuance Date: Reporting ID:

08/24/2018 0454722

CSHO ID:
Optional Report #:

V3594 014-2018

**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 04/18/2018, 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 Jeffrey Campbell, Area Supervisor at telephone (615) 741-2793 or fax (615) 253-1623.

#### NOTIFY TOSHA OF CORRECTIVE ACTION

You must notify Jeffrey Campbell, 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 <u>must</u> 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 Jeffrey Campbell, Area Supervisor at telephone (615) 741-2793 or fax (615) 253-1623. 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 Jeffrey Campbell, Area Supervisor, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health, 220 French Landing Drive, Nashville, TN 37243.

# 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 Jeffrey Campbell, Area Supervisor at telephone (615) 741-2793 or fax (615) 253-1623.
- 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

# **Examples of How to Complete the Form**

Citation &	Date	HOW CORRECTED
Item #	Corrected	HOW CORRECTED
1/1	02/16/2008	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.
		(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.)
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	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.
		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.
		OR
		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.
		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.

#### ABATEMENT CERTIFICATION FORM

AREA SUPERVISOR
Tennessee Department of Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243

SUBMITTED BELOW IS THE ACTION(S) TAKEN TO CORRECT THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF INSPECTION NUMBER: 1309726 ISSUED TO:

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

Citation & Item #	Date Corrected	He	ow Corrected
	į.		
1			
OPY OF TI	HE CITATION(S)	WAS (WERE) POSTED AS REQUIRED BY T	ENNESSEE CODE ANNOTATED §50-3-307(a)(4).
Emplo	oyer Official's Sign	nature Date	Job Title



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 IOSHA to discuss the
Citation and Notification of Penalty. The conference will be held at the
TOSHA office located at 220 French Landing Drive, Nashville, TN 37243 or
(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.

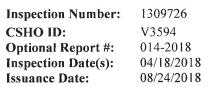
Department of Labor and Workforce Development 220 French Landing Drive Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

# Citation and Notification of Penalty

Company Name: Southeastern Provision LLC

Inspection Site: 1617 Helton Road Bean Station, TN 37708





Type of Violation: Serious Citation 1 Item 1

29 CFR 1910.95(d)(1): When information indicated that any employee's exposure equaled or exceeded the 8hour time-weighted average of 85 decibels, the employer did not develop and implement a monitoring program:

On 04/18/2018, the employer had not developed and implemented a noise monitoring program when information indicated that any employee's exposure equaled or exceeded the action level referenced in the Occupational Noise Exposure standard, 1910.95. Noise readings in the carcass cooler exceeded 85 decibels.

#### ABATEMENT VERIFICATION REQUIRED

Date By Which Violation Must be Abated: Proposed Penalty:

September 28, 2018

\$4000.00

Citation 1 Item 2

Type of Violation:

**Serious** 

29 CFR 1910.133(a)(1): The employer did not ensure that each affected employee uses appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation:

On 04/18/2018, the employer had not ensured that employees wore appropriate eye or face protection when exposed to injurious corrosive materials.

#### ABATEMENT VERIFICATION REQUIRED

Date By Which Violation Must be Abated: Proposed Penalty:

September 10, 2018

\$4000.00

Department of Labor and Workforce Development 220 French Landing Drive

Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

 Inspection Number:
 1309726

 CSHO ID:
 V3594

 Optional Report #:
 014-2018

 Inspection Date(s):
 04/18/2018

 Issuance Date:
 08/24/2018



# Citation and Notification of Penalty

Company Name: Southeastern Provision LLC

Inspection Site: 1617 Helton Road Bean Station, TN 37708

# <u>Citation 1 Item 3 a</u> Type of Violation: **Serious**

29 CFR 1910.134(c)(2)(i): Respirator users were not provided with the information contained in Appendix D to 29 CFR 1910.134 when the employer determined that any voluntary respirator use was permissible:

On 04/18/2018, the employer had not provided employees who wore voluntary respiratory protection a copy of Appendix D of the standard which contains information on certain precautions to be taken by the user to ensure that the respirator itself does not present a hazard.

<u>Date By Which Violation Must be Abated:</u> Proposed Penalty: September 04, 2018

\$1250.00

# <u>Citation 1 Item 3 b</u> Type of Violation: **Serious**

29 CFR 1910.134(c)(2)(ii): The employer did not establish and implement those elements of a written program necessary to ensure that any employee using a respirator voluntarily was medically able to use that respirator, and that the respirator was cleaned, stored, and maintained so that its use does not present a health hazard to the user:

On 04/18/2018, the employer had not ensured that employees who voluntarily wore a North full face tight fitting respirator to sanitize the slaughter and meat processing areas were medically able to use that respirator prior to wearing the respirator in the workplace.

<u>Date By Which Violation Must be Abated:</u> Proposed Penalty:

September 28, 2018

<u>\$0.00</u>

Department of Labor and Workforce Development 220 French Landing Drive

Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

Optional Report #: 00
Inspection Date(s): 00
Issuance Date: 00

**Inspection Number:** 

CSHO ID:

014-2018 04/18/2018 08/24/2018

1309726

V3594



# Citation and Notification of Penalty

Company Name: Southeastern Provision LLC

Inspection Site: 1617 Helton Road Bean Station, TN 37708

# <u>Citation 1 Item 4</u> Type of Violation: **Serious**

29 CFR 1910.151(c): Where employees were exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body were not provided within the work area for immediate emergency use:

On 04/18/2018, the employer had not provided adequate facilities for quick drenching of the eyes and body when employees had the potential to be exposed to injurious corrosive materials.

#### ABATEMENT VERIFICATION REQUIRED

Date By Which Violation Must be Abated: Proposed Penalty: September 10, 2018

# <u>Citation 1 Item 5 a</u> Type of Violation: **Serious**

29 CFR 1910.151(b): There was neither an infirmary, clinic, or hospital used for the treatment of all injured employees in near proximity to the workplace nor a person or persons adequately trained to render first aid:

On 04/18/2018, the employer had not ensured that a person or persons were adequately trained to render first aid of all injured employees in the workplace when the nearest infirmary, clinic, or hospital was at least 15 miles from the workplace.

#### ABATEMENT VERIFICATION REQUIRED

Date By Which Violation Must be Abated: Proposed Penalty:

September 28, 2018 \$2000.00

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

Department of Labor and Workforce Development 220 French Landing Drive

Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

**Inspection Number:** 1309726 **CSHO ID:** V3594 014-2018 Optional Report #: Inspection Date(s): **Issuance Date:** 

04/18/2018 08/24/2018



# Citation and Notification of Penalty

Company Name: Southeastern Provision LLC

Inspection Site: 1617 Helton Road Bean Station, TN 37708

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

29 CFR 1910.1030(c)(1)(i): The employer having employee(s) with occupational exposure did not establish a written Exposure Control Plan designed to eliminate or minimize employee exposure:

On 04/18/2018, the employer had not established a written Exposure Control Plan when employees had occupational exposure assisting with injuries in the workplace.

ABATEMENT VERIFICATION REQUIRED

Date By Which Violation Must be Abated: Proposed Penalty:

September 28, 2018

Citation 1 Item 5 c

Type of Violation:

**Serious** 

29 CFR 1910.1030(c)(2)(i): The employer having employees with occupational exposure did not prepare an exposure determination:

On 04/18/2018, the employer had not prepared an exposure determination which included a list of all job classifications in which some employees had occupational exposure assisting with injuries in the workplace.

ABATEMENT VERIFICATION REQUIRED

Date By Which Violation Must be Abated: Proposed Penalty:

September 28, 2018

Department of Labor and Workforce Development

220 French Landing Drive Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

**Inspection Number:** 1309726 **CSHO ID:** V3594 014-2018 Optional Report #: 04/18/2018 Inspection Date(s): **Issuance Date:** 08/24/2018



# Citation and Notification of Penalty

Company Name: Southeastern Provision LLC

Inspection Site: 1617 Helton Road Bean Station, TN 37708

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

29 CFR 1910.1030(g)(2)(ii)(B): The employer did not ensure that the training was provided to employees with occupational exposure at least annually:

On 04/18/2018, the employer had not ensured that employees with occupational exposure were provided with bloodborne pathogens training at least annually.

#### ABATEMENT VERIFICATION REQUIRED

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

September 28, 2018

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

29 CFR 1910.1200(e)(1): The employer did not develop, implement, and/or maintain at the workplace a written hazard communication program which describes how the criteria specified in 29 CFR 1910.1200(f), (g), and (h) will be met:

On 04/18/2018, the employer had not developed, implemented, and maintained a written hazard communication program which at least described how criteria for labels and other forms of warning, safety data sheets, and employee information and training would be met. An adequate program would:

- a) List the hazardous chemicals known to be present using an identity that is referenced on the safety data sheet:
- b) Detail the methods the employer will use to inform employees of the hazards of non-routine tasks;
- c) Contain the methods the employer will use to communicate information, with employees and other employers, concerning hazardous chemicals present on multi-employer worksites;
- d) Detail hazardous chemical labeling requirements:
- e) Detail provisions for a safety data sheet to exist in the workplace for each hazardous chemical which they use; and
- f) Detail provisions for employee training.

### ABATEMENT VERIFICATION REQUIRED

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

September 28, 2018

\$4000.00

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

Department of Labor and Workforce Development

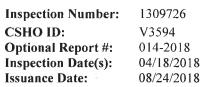
220 French Landing Drive Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

# Citation and Notification of Penalty

Company Name: Southeastern Provision LLC

Inspection Site: 1617 Helton Road Bean Station, TN 37708





# <u>Citation 1 Item 6 b</u> Type of Violation: **Serious**

29 CFR 1910.1200(f)(6)(ii): Except as provided in 29 CFR 1910.1200(f)(7) and 29 CFR 1910.1200(f)(8), the employer did not ensure that each container of hazardous chemicals in the workplace was labeled, tagged or marked with the product identifier and words, pictures, symbols, or combination thereof, which provide at least general information regarding the hazards of the chemicals and which, in conjunction with the other information immediately available to employees under the hazard communication program, would provide employees with the specific information regarding the physical and health hazards of the hazardous chemical:

On 04/18/2018, the employer had not ensured that each container of hazardous chemicals in the workplace was labeled. On the day of inspection, secondary containers of lactic acid were found to be missing general information such as pictures, symbols, or words regarding the hazards of the chemical.

#### ABATEMENT VERIFICATION REQUIRED

Date By Which Violation Must be Abated:
Proposed Penalty:

Citation 1 Item 6 c Type of Violation: Serious

29 CFR 1910.1200(h)(1): Employees were not provided effective information and training on hazardous chemicals in their work area at the time of their initial assignment and whenever a new hazard that the employees had not been previously trained about was introduced into their work area:

On 04/18/2018, the employer had not ensured that all employees were trained on hazardous chemicals in their work area at the time of their initial assignment.

# ABATEMENT VERIFICATION REQUIRED

Date By Which Violation Must be Abated:

Proposed Penalty:

\$50.00

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

September 28, 2018

Department of Labor and Workforce Development 220 French Landing Drive Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

 Inspection Number:
 1309726

 CSHO ID:
 V3594

 Optional Report #:
 014-2018

 Inspection Date(s):
 04/18/2018

 Issuance Date:
 08/24/2018



# Citation and Notification of Penalty

Company Name: Southeastern Provision LLC

Inspection Site: 1617 Helton Road Bean Station, TN 37708

# <u>Citation 1 Item 6 d</u> Type of Violation: **Serious**

TDLWD Rule 0800-01-09-.07: Employees were not provided annual refresher training and information as specified in TDLWD Rule 0800-01-09-.07 on hazardous chemicals in their work area:

On 04/18/2018, the employer had not ensured that employees were provided annual training on hazardous chemicals in the workplace.

#### ABATEMENT VERIFICATION REQUIRED

Date By Which Violation Must be Abated:	September 28, 2018
Proposed Penalty:	\$0.00

# <u>Citation 1 Item 6 e</u> Type of Violation: **Serious**

TDLWD Rule 0800-01-09-.07(4): The employer did not maintain records of hazardous chemical training required by TDLWD Rule 0800-01-09-.07:

On 04/18/2018, the employer did not maintain training logs to ensure employees were trained on workplace hazardous chemicals.

Note: The training record shall contain, at a minimum: a) Identification of the employee to whom the training was given; b) The date(s) of training; and c) a brief description of the training given.

#### ABATEMENT VERIFICATION REQUIRED

Date By Which Violation Must be Abated:	September 28, 2018
Proposed Penalty:	\$0.00

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

Department of Labor and Workforce Development 220 French Landing Drive

Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

Optional Report #: Inspection Date(s): Issuance Date:

**CSHO ID:** 

**Inspection Number:** 

V3594 014-2018 04/18/2018 08/24/2018

1309726



# Citation and Notification of Penalty

Company Name: Southeastern Provision LLC

Inspection Site: 1617 Helton Road Bean Station, TN 37708

# <u>Citation 2 Item 1 a</u> Type of Violation: **Other-than-Serious**

29 CFR 1910.141(a)(4)(ii): Wastes were not collected and removed as often as necessary to maintain the place of employment in a sanitary condition:

On 04/18/2018, waste was not collected and removed as often as necessary to maintain the toilet facilities in a sanitary condition. Wet waste was observed on the floor of the toilet facilities located in the work room between the slaughter and processing areas of the plant.

Date By Which Violation Must be Abated: Proposed Penalty:

September 04, 2018

\$125.00

Citation 2 Item 1 b

Type of Violation:

Other-than-Serious

29 CFR 1910.141(c)(1)(i): Toilet facilities were not provided in accordance with TABLE J-1 of this Section:

On 04/18/2018, the employer did not provide women's toilet facilities that were accessible to employees at all times during an employee's work shift.

Date By Which Violation Must be Abated: Proposed Penalty:

September 04, 2018

\$0.00

Steve Hawkins, Administrator

**Division of Occupational Safety and Health** 

Department of Labor and Workforce Development 220 French Landing Drive Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

 Inspection Number:
 1309726

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 04/18/2018

 Issuance Date:
 08/24/2018



# Citation and Notification of Penalty

Company Name: Southeastern Provision LLC

Inspection Site: 1617 Helton Road Bean Station, TN 37708

# PENALTY NOTICE

#### 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.

Department of Labor and Workforce Development

220 French Landing Drive Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

**Inspection Number:** 

1309726 V3594

**CSHO ID:** Optional Report #: **Inspection Date(s):** 

**Issuance Date:** 

014-2018





# Citation and Notification of Penalty

Company Name: Southeastern Provision LLC

Inspection Site: 1617 Helton Road Bean Station, TN 37708

# SUMMARY OF PENALTIES FOR INSPECTION NUMBER 1309726

Citation 1 Item 1, Serious	\$4000.00
Citation 1 Item 2, Serious	\$4000.00
Citation 1 Item 3a, Serious	\$1250.00
Citation 1 Item 3b, Serious	\$0.00
Citation 1 Item 4, Serious	\$4000.00
Citation 1 Item 5a, Serious	\$2000.00
Citation 1 Item 5b, Serious	\$0.00
Citation 1 Item 5c, Serious	\$0.00
Citation 1 Item 5d, Serious	\$0.00
Citation 1 Item 6a, Serious	\$4000.00
Citation 1 Item 6b, Serious	\$0.00
Citation 1 Item 6c, Serious	\$0.00
Citation 1 Item 6d, Serious	\$0.00
Citation 1 Item 6e, Serious	\$0.00
Citation 2 Item 1a, Other-than-Serious	\$125.00
Citation 2 Item 1b, Other-than-Serious	\$0.00
TOTAL PROPOSED PENALTIES:	\$19375.00

Steve Hawkins, Administrator

Division of Occupational Safety and Health

AUG 2 4 2018

Date

SUBMIT PAYMENT BY: SEP 2 3 2018

TO OUR NASHVILLE OFFICE