



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
Division of Occupational Safety and Health
PO Box 44600 • Olympia, Washington 98504-4600

November 19, 2014

KING COUNTY
King County Metro Transit
Po Box 80283
Seattle, WA 98108-9007

Inspection: 317378149
UBI: 578037394
Region: 2-Health
Inspector: SHARI RUSSELL (P3695)
Reference: 207302548

Dear Employer:

Enclosed are the results of the safety and health inspection of your workplace. This packet contains:

- **Citation Invoice** – The total assessed penalty is \$3,500.00
- **Citation and Notice of Assessment** – Washington Administrative Code (WAC) Violations.
- **Employer Certification of Abatement instruction and form** - Correct all violations and return written verification or additional penalties may result.
- **Employer Appeal Rights** – You have 15 working days to appeal this citation.

You must immediately post this Citation and Notice of Assessment at or near where the violation(s) occurred, where employees can easily find and read it, or where employees normally receive posted information. All postings must remain until you have corrected all violations, or for three working days, whichever is longer. "Working day" means a calendar day, except Saturdays, Sundays and all legal state holidays.

Because this inspection is public information, the result will be posted online 30 days after the above date by the Department of Labor & Industries. You may view it at <https://secure.lni.wa.gov/verify/>.

If you have questions, call the compliance supervisor, John Stebbins, at (206) 515-2870.

Respectfully,

Anne F. Soiza

Anne F. Soiza
Assistant Director
Division of Occupational Safety & Health

Enclosure(s)



Washington State Department of
Labor & Industries
Division of Occupational Safety and Health

Invoice

Inspection: 317378149

UBI: 578037394
Legal Name: KING COUNTY
DBA Name: King County Metro Transit
Inspection: 1500 6th Ave,
Site: Bldg 2A, Seattle, WA, 98134

Issued: November 19, 2014
Opening Conference: May 30, 2014
Closing Conference: November 4, 2014
Inspector: SHARI RUSSELL
P3695

Summary of Assessed Penalties Due

The Citation and Notice of Assessment includes a full description of each violation.

Violation Item	Violation Type	WAC	Correction Due Date	Penalty Amount
1-1	Serious	296-800-23020	12/22/2014	\$3,500.00
2-1	General	296-800-23025	12/22/2014	\$0.00
<u>Total Penalty Due</u>				\$3,500.00

PAYMENT INFORMATION

Payment is due 15 working days from receipt of this citation.

Make check payable to the Department of Labor and Industries.

Write Inspection number 317378149 on the check and mail to:

Attn: DOSH Cashier
Department of Labor and Industries
PO Box 44835
Olympia, WA 98504-4835
Or deliver to: **Any L&I office**



Washington State Department of
Labor & Industries
Division of Occupational Safety and Health

Post This Document

**Citation and Notice of Assessment
Inspection: 317378149**

UBI: 578037394

Legal Name: KING COUNTY

DBA Name: King County Metro Transit

Inspection Site: 1500 6th Ave, Bldg 2A Seattle, WA 98134

Site:

Issued: November 19, 2014

Opening Conference: May 30, 2014

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P3695

Message

Using any information obtained during this inspection as a means or reason for employee disciplinary action would be considered discrimination and a violation of the Washington Industrial Safety and Health Act.



Post This Document
Citation and Notice of Assessment
Inspection: 317378149

Violation 1 Item 1

Violation Type: Serious

WAC 296-800-23020

King County Metro did not provide transit operators with unrestricted access to bathroom facilities when needed to relieve themselves in the following circumstances: bathrooms are not available during all hours of each route service; bathrooms are not located at each route terminal within a distance that can be accessed during the scheduled recovery time; operators have been disciplined for running late due to time spent using a bathroom or searching for an available public bathroom.

Employees could suffer adverse health effects or injuries if they are prevented from using the toilet or if the toilets are not available when needed

The following additional correction documentation is required for this violation: Abate within 30 days or send abatement plan with specific dates and details to Shari Russell for review.

Correct by: 12/22/2014
Assessed penalty: \$3,500.00

Violation 2 Item 1

Violation Type: General

WAC 296-800-23025

The employer did not provide a compliant clean washing facility with paper towels and hot and cold water or lukewarm (tepid) running water, and handsoap at the Porta-Potty provided as the Othello Terminal restroom for over 6 years. Cited for not providing paper towels and hot and cold water or lukewarm (tepid) running water in each bathroom or comfort station.

Employers must:

- * Provide convenient and clean washing facilities for employees including:
 - Sinks or basins for personal washing
 - Hot and cold water, or lukewarm (tepid), running water in each sink and basin
 - Hand soap or similar cleaning agents
- One of the following:
 - * Individual paper or cloth hand towels
 - * Individual sections of clean continuous cloth toweling
 - * Warm air blowers for drying hands, located near the sinks and basins.

The following additional correction documentation is required for this violation: Submit proof of abatement to Shari Russell for review.

Correct by: 12/22/2014
Assessed penalty: \$0.00



Washington State Department of
Labor & Industries
 Division of Occupational Safety and Health

Employer Certification of Abatement Instructions Inspection: 317378149

What you must do now:

- Check the correction due date(s) shown on the enclosed Employer Certification of Abatement Form. You must fully correct the hazards by these dates.
- Describe on the form how you corrected each hazard, rather than what you *intend to do* in the future. Examples:
Right: All staff have received the required training.
Wrong: All staff will receive the required training next week.
 Use attachments if you need more space. Submit additional documentation of hazard correction if requested in the citation packet.
- Fill in the date you corrected the hazard and sign.
- Post a copy of the completed form for at least three working days, or until you have corrected all violations, whichever is longer. It must be posted near the hazard location or in a place that is readily accessible by affected employees and their representatives.
- Send your completed form to the address provided.

Note: If we do not receive written confirmation you have corrected the hazards, we will take follow-up action, which may include additional penalties. If you provide us with false information, you may face criminal penalties.

If you are unable to fix the hazard(s) by the correction due date(s):

We must receive your written request for an extension **before** the correction due date(s) listed for the hazard(s). Correction due dates are shown on the enclosed Citation and Notice of Assessment and on your Employer Certification of Abatement Form(s).

Extensions are not automatically granted. To be considered for an extension, you must provide the following:

- Inspection number, employer name, telephone number, and site address.
- Violation and Item number for each requested extension.
- Correction due date on the citation and additional time needed.
- Steps taken to fix the hazard by the correction due date.
- Why you cannot correct the hazard by the correction due date.
- How you will protect your employees until you fix the hazard.

For more information, contact:
 Or call: (206) 515-2870

John Stebbins, Compliance Supervisor
 Department of Labor and Industries
 315 5th Ave S Suite 200
 Seattle, WA 98104

You must post all documentation associated with your request for extension with your citation packet. All postings must remain until you have corrected all violations, or unless you have appealed and received and posted your hearing notice.



Washington State Department of
Labor & Industries
Division of Occupational Safety and Health

Employer Certification of Abatement Form Inspection: 317378149

UBI: 578037394

Issued: November 19, 2014

Legal Name: KING COUNTY

DBA Name: King County Metro Transit

Site Address: 1500 6th Ave, Bldg 2A, Seattle, WA, 98134

You must complete this form and return it to: SHARI RUSSELL, Department of Labor & Industries
315 5th Ave S, Suite 200, Seattle, WA 98104
Or Fax to:

Violation(s) are fully described in the Citation and Notice of Assessment section.

Violation, Item & Group#	Type of Violation	WAC# Violated	Correction Due Date
1-1	Serious	296-800-23020	12/22/2014
Violation Summary: Provide bathrooms when needed			
How you corrected the hazard →			
Date you corrected the hazard →			
2-1	General	296-800-23025	12/22/2014
Violation Summary: Provide wash facilities with running water			
How you corrected the hazard →			
Date you corrected the hazard →			

I certify that the hazards described in this Employer Certification of Abatement Form have been corrected as described above. Affected employees and their representatives have been informed of the correction activities. I am aware that knowingly providing false information may result in criminal penalties (RCW 49.17.190(2)).

Signature

Name

Title

Date

Phone No.

DOSH USE ONLY

DOSH Reviewer's Signature

Date



Post This Document
Appeal Rights
Inspection: 317378149

For Employers

If you are cited for a violation of Occupational Safety and/or Health rules, you have the right to appeal the citation. **You have 15 working days from the date you receive this citation to appeal.** (RCW 49.17.140(1)) "Working day" means a calendar day, except Saturdays, Sundays and all legal state holidays. Your appeal must be in writing. It may be mailed, faxed, or personally delivered.

For violations classified as serious, willful, repeat serious, or failure to abate serious, an employer must correct the violations by the date listed on the Citation and Notice / Employer's Certification of Abatement form unless a stay of abatement date is requested in the appeal as described on this page. A stay of abatement date means the employer's requirement to abate or correct the hazard is put on hold until the appeal is resolved. All general and repeat general violations under appeal automatically have stay of abatement dates until a final order on those violations has been issued. If you only need an extension of an abatement date, please see the above section entitled, "If you are unable to fix the hazard(s) by the correction due date(s)".

Your appeal must include:

- Name, address, telephone number, and fax number if available of the employer who is appealing, and for the employer's representative, if any, such as an attorney or interpreter.
- Inspection Number (You will find this nine-digit number in the top right corner of this page.)
- Statement explaining:
 1. What you think is wrong with the citation and any related facts.
 2. How you think the citation should be changed.
 3. What relief you are seeking and why.

If you are requesting a stay of abatement date for serious, willful, repeat serious or failure to abate serious, you must also include:

- Each violation and item number for which a stay of abatement date is requested; and
- The reason for the stay of abatement date request.

Note: Employees and/or employee representatives may elect to participate in appeal hearings.

Posting requirement:

You must post your appeal documents (along with this citation packet) until the appeal is resolved. You must also post all other documents related to this appeal.

For Employees or Their Representatives

If your employer is cited, you may only appeal the correction due date(s).

Your appeal must include:

- Your name, address, telephone number, and fax number if available and the same information for anyone who is representing you, if any.
- Inspection number.
- Statement explaining why the correction due date should be changed.

Send all appeals to:

Assistant Director for DOSH
Attn: Appeals Program
PO Box 44604
Olympia, WA 98504-4604
Fax to: **(360) 902-5581** or deliver to: **Any L&I office**

For more information call the Appeals Program: **(360) 902-5486.**