Citation and Notification of Penalty

To:
GREEN MOUNTAIN DAIRY FARM, LLC
and its successors
PO Box 86
Highgate Center, VT 05459

Inspection Site:
962 Morcy Road
Sheldon, VT 05483

Inspection Number: 1277495
Inspection Date(s): 11/08/2017-11/08/2017
Issuance Date: 02/13/2018

This Citation and Notification of Penalty (this Citation) detail(s) the violation(s) listed herein (are) based on these violations and pay the penalties proposed, unless within 20 calendar days following the date of issuance, you either call to schedule an informal conference (see paragraph below) or submit to the Vermont Department of Labor office at the address shown above. Issuance of this Citation is not a failure to contest as provided for in the Act, if contested, unless this citation is vacated by the appropriate Labor Board 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. The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may request one with the VOSHA Manager during the 20 calendar 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 VOSHA Manager within 20 calendar 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 page 3, "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 VOSHA Manager in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 20 calendar days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Vermont Occupational Safety and Health Review Board and may not be reviewed by any court or agency.

Penalty Payment - Penalties are due within 20 calendar days of receipt of this notification unless contested. Make your check or money order payable to "VOSHA". Please indicate the Inspection Number on the remittance.

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

Notification of Corrective Action - For violations which you do not contest, you should notify the Vermont Department of Labor promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation. Please inform VOSHA in writing of the abatement steps you have taken and of their dates, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, copies of required programs, etc.

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 Vermont Department of Labor at the address shown above.

Employer Rights and Responsibilities - The OSHA 3000 outlines additional employer rights and responsibilities and should be read in conjunction with this notification. This booklet is available on-line at www.osha.gov/publications/osha3000.pdf or by calling 1-800-287-2785 and requesting a free copy.

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 Department of Labor and Industry office at the address shown above and postmarked within 20 calendar days of the receipt by the employer of this Citation and Notification of Penalty.
NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with VOSHA to discuss the

Citation(s) issued on 02/13/2018. The conference will be held at the VOSHA office located at

P.O. Box 488, 5 Green Mountain Drive Montpelier, VT 05601 on ____________
at__________________.

Employees and/or representatives of employees have a right to attend an informal conference.
Citation and Notification of Penalty

Company Name: GREEN MOUNTAIN DAIRY FARM, LLC
Inspection Site: 962 Morey Road Sheldon, VT 05483

Citation 1 Item 1a  Type of Violation: Serious

29 CFR 1910.132(d)(1): The employer shall 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: The Veterinary Room (at a minimum).

Violation: The employer did not ensure to assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE).

Date By Which Violation Must be Abated: February 26, 2018
Proposed Penalty: $3803.00

Citation 1 Item 1b  Type of Violation: Serious

29 CFR 1910.151(c): Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use. [63 FR 33450, June 18, 1998]

Location: The Veterinary Room (at a minimum).

Violation: The employer did not ensure to provide suitable facilities for quick drenching or flushing of the eyes and body for immediate emergency use where the eyes or body of any person may be exposed to injurious corrosive materials on Tuesday November 8, 2017.

Date By Which Violation Must be Abated: March 20, 2018
Proposed Penalty: $0.00

Citation 1 Item 2  Type of Violation: Serious

See pages 1 through 2 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
Citation and Notification of Penalty

Company Name: GREEN MOUNTAIN DAIRY FARM, LLC
Inspection Site: 962 Morey Road Sheldon, VT 05483

29 CFR 1910.303(g)(2)(i): Except as elsewhere required or permitted by this standard, live parts of electric equipment operating at 50 volts or more shall be guarded against accidental contact by use of approved cabinets or other forms of approved enclosures or by any of the following means:

29 CFR 1910.303(g)(2)(i)(A): By location in a room, vault, or similar enclosure that is accessible only to qualified persons;

29 CFR 1910.303(g)(2)(i)(B): By suitable permanent, substantial partitions or screens so arranged so that only qualified persons will have access to the space within reach of the live parts. Any openings in such partitions or screens shall be so sized and located that persons are not likely to come into accidental contact with the live parts or to bring conducting objects into contact with them;

Location: The Front Porch Canopy of the Administrative Building.

Violation: The employer did not ensure to provide approved cabinets or other forms of approved enclosures or alternative protections to guard against accidental employee contact of live parts of electric equipment operating at 50 volts or more.

Date By Which Violation Must be Abated: February 26, 2018
Proposed Penalty: $3803.00

Citation 1 Item 3a Type of Violation: Serious

29 CFR 1910.1200(e)(1)(i): Employers shall develop, implement, and maintain at each workplace, a written hazard communication program which at least describes how the criteria specified in paragraphs (f), (g), and (h) of this section for labels and other forms of warning, safety data sheets, and employee information and training will be met, and which also includes a list of the hazardous chemicals known to be present using a product identifier that is referenced on the appropriate safety data sheet (the list may be compiled for the workplace as a whole or for individual work areas).
Citation and Notification of Penalty

Company Name: GREEN MOUNTAIN DAIRY FARM, LLC
Inspection Site: 962 Morey Road Sheldon, VT 05483

Location: Green Mountain Dairy Farm, L.L.C, 962 Morey Road, Sheldon Vermont

Violation: This employer did not develop and implement a written hazard communication program that included a comprehensive list of the hazardous chemicals known to be present in the workplace using a product identifier that is referenced on the appropriate safety data sheet (SDS) for each hazardous chemical.

Date By Which Violation Must be Abated: March 20, 2018
Proposed Penalty: $3803.00

Citation 1 Item 3 b Type of Violation: Serious

29 CFR 1910.1200(h)(3): Training. Employee training shall include at least:

29 CFR 1910.1200(h)(3)(i): Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);

29 CFR 1910.1200(h)(3)(ii): The physical, health, simple asphyxiation, combustible dust, and pyrophoric gas hazards, as well as hazards not otherwise classified, of the chemicals in the work area;

29 CFR 1910.1200(h)(3)(iii): The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and,

29 CFR 1910.1200(h)(3)(iv): The details of the hazard communication program developed by the employer, including an explanation of the labels received on shipped containers and the workplace labeling system used by their employer; the safety data sheet, including the order of information and how employees can obtain and use the appropriate hazard information.
Vermont Department of Labor
Vermont Occupational Safety and Health Administration

Inspection Number: 1277495
Inspection Date: 11/08/2017-11/08/2017
Issuance Date: 02/13/2018

Citation and Notification of Penalty

Company Name: GREEN MOUNTAIN DAIRY FARM, LLC
Inspection Site: 962 Morey Road Sheldon, VT 05483

Location: Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont

Violation: The employer did not train all employees regarding the new label elements and safety data sheets format by December 1, 2013.

Date By Which Violation Must be Abated: February 26, 2018

Proposed Penalty: $0.00

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

29 CFR 1910.134(c)(1): In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use.

Location: Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont

Violation: The employer did not ensure to establish and implement a written respiratory protection program with worksite-specific procedures where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer.

Date By Which Violation Must be Abated: March 20, 2018
Proposed Penalty: $0.00

Daniel A. Whipple
VOSHA Manager

See pages 1 through 2 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
Vermont Department of Labor  
Occupational Safety and Health Administration  
VOSHA  
P.O. Box 488  
5 Green Mountain Drive  
Montpelier, VT 05601  
Phone: (802) 828-2765 Fax: (802) 828-0408  

INVOICE/  
DEBT COLLECTION NOTICE  

Company Name: GREEN MOUNTAIN DAIRY FARM, LLC  
Inspection Site: 962 Morey Road Sheldon, VT 05483  
Issuance Date: 02/13/2018  

Summary of Penalties for Inspection Number: 1277495  

| Citation 1 Item 1a, Serious                      | $3803.00  
| Citation 1 Item 1b, Serious                      | $0.00   
| Citation 1 Item 2, Serious                      | $3803.00  
| Citation 1 Item 3a, Serious                      | $3803.00  
| Citation 1 Item 3b, Serious                      | $0.00  
| Citation 2 Item 1, Other-than-Serious           | $0.00  
| TOTAL PROPOSED PENALTIES:                      | $11409.00  

To avoid additional charges, please remit payment promptly to the VOSHA office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: “VOSHA”. Please indicate VOSHA’s Inspection Number Number (indicated above) on the remittance. Please forward payment to:  

Vermont Department of Labor  
PO Box 488  
Montpelier, VT 05601-0488  

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

[Signature]  
Date: 2/15/2018  
Daniel A. Whipple  
VOSHA Manager
**Violation Worksheet**

**Establishment Name**: GREEN MOUNTAIN DAIRY FARM, LLC

**DBA Name**: 

**Type Of Violation**: Serious

**Citation Number**: 1

**Item/Group**: 1 / a

**Number Exposed**: 15

**No. Instances**: 4

**Special Enforcement?**: Employer's Relationship to Hazard

**Standard**: 1910.132(d)(1)

**Substance Codes**: Iodine, Phosphoric Acid, Sulfuric Acid, Zinc Chloride Fume, SODIUM HYPOCHLORITE

**Photo/Video Number**: 

**Alleged Violation Description**: 29 CFR 1910.132(d)(1): The employer shall 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: The Veterinary Room (at a minimum).

Violation: The employer did not ensure to assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE).

**Recommended Abatement Action**: 

---

**Penalty**

**Severity**: High

**Severity Justification**: Potential loss of eye sight due to daily use of corrosive liquids w/o training for chemical safety and available PPE nor an eyewash

**Probability**: Greater

**Probability Justification**: Daily use of corrosive liquids.

**Number of Times Repeated**: 

**Gravity**: High

**Gravity based Penalty**: 12675.00

**Multiplier**: Size 70%

**Good Faith**: History 0%

**Quick Fix**: 

**Calculated Penalty**: 3803.00

**Proposed Penalty**: 3803.00

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**Abatement Details**
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<td>Date Abated</td>
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<tr>
<td>Abatement Documentation Required?</td>
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<td>Date Verified</td>
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<td>Abatement Completed Description:</td>
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MultiStep Abatement

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Employee Exposure

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<th>No. Exposed</th>
<th>Employer</th>
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<th>Duration</th>
<th>Frequency</th>
<th>Proximity</th>
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<td></td>
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</tbody>
</table>

20. **Instance Description:** A. Hazard  B. Equipment  C. Location  D. Injury/Illness  E. Measurements

a) **Hazards-Operation/Condition-Accident:** The employer did not provide an adequate personal protective equipment (PPE) assessment to employees to address employee exposure to corrosive cleaners/sanitizers when an employee manually dispenses corrosive cleaners/sanitizers into open containers for use in the farming operation. The employer provided safety glasses and exam gloves. The employer also needed to provide forearm-length chemical-resistant gloves, splash goggles and/or face shields, chemical resistant smocks and liquid-proof, chemical resistant shoes as part of a safety program hazard assessment for PPE at the laundry room chemical dispensing and staging area.

b) **Equipment:** Nitrile exam gloves, safety glasses, half-face respirators, yellow rain jacket (in The Veterinarian Room)

c) **Location:** Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont

d) **Injury/Illness (and Justifications for Severity and Probability):** Severity: High; permanent disability, Irreversible Illness - 1st and/or 2nd and/or 3rd degree burns, Potential loss of eye sight

Probability: Greater; The corrosive sanitizers are manually dispensed & used daily in farm operations

e) **Measurements:** pictorial measurements, discovery interviews of an employee and the Owner/Operations manager, Review of a SDS

23. **Employer Knowledge:** Yes, the SDSs and the manufacturer’s labels for the products used to disinfect for sanitation purposes in the dairy barns provide adequate information to recognize these chemical hazards. Corrosive
sanitizers are a known occupational hazard in the dairy and food processing industry(s).

24. **Comments:**

Severity Assessment

(X): High: Death, permanent disability, irreversible illness.

(·): Med: Temp reversible injuries / illness, hospitalization, limited disability.

(·): Low: Temp reversible injuries / illness, no hospitalization.

(·): Mini: Other than serious violation.

Probability Assessment

I. Number of employees 9 Many employees

II. Frequency of exposure 6 Intermittent/twice monthly

III. Employees proximity 9 With in danger zone

IV. Stress / conditions 3 Low

V. Other

Total: 27

Average: 6

() 1- 5 = lesser / (X) 6 - 10 = Greater

25. **Other Employer Information:**
1. Product and Company Identification

Product Code: 211081
Product Name: FS-100
Company Name: ISA
27 Providence Rd.
Millbury, MA 01527
Emergency Contact: Chemtrec
1 (800)424-9300

2. Hazards Identification

Corrosive To Metals, Category 1
Acute Toxicity: Oral, Category 4
Skin Corrosion/Irritation, Category 1A, 1C
Serious Eye Damage/Eye Irritation, Category 1
Aquatic Toxicity (Acute), Category 2

GHS Signal Word: Danger
GHS Hazard Phrases:
- Harmful if swallowed.
- Causes severe skin burns and eye damage.
- May be corrosive to metals.
- Toxic to aquatic life.
GHS Precaution Phrases:
- Keep out of reach of children.
- Read label before use.
- Do not get in eyes, on skin, or on clothing.
- Do not breathe dust/fume/gas/mist/vapours/spray.
- Wear protective gloves, chemical goggles, face shield and rubber apron.
- Take precautions to avoid mixing with acid products and ammoniated products.

GHS Response Phrases:
- IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. Get immediate medical advice/attention.
- IF ON SKIN: Remove immediately all contaminated clothing and wash it before reuse. Wash with plenty of water for 15 minutes. If skin irritation occurs: Get medical advice/attention.
- IF INHALED: If breathing is difficult, remove to fresh air and keep at rest in a position comfortable for breathing. If experiencing respiratory symptoms: Get medical advice/attention.
- IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing for 15 minutes. Get immediate medical advice/attention.

GHS Storage and Disposal Phrases:
- Medical and Transportation Emergencies contact Chemtrec 1-800-424-9300.
- Dispose of contents/container in accordance to local, state and federal regulations.
- Store locked up.
3. Composition/Information on Ingredients

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<tr>
<th>CAS #</th>
<th>Hazardous Components (Chemical Name)</th>
<th>Concentration</th>
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<tbody>
<tr>
<td>7681-52-9</td>
<td>Sodium hypochlorite</td>
<td>1.0 - 10%</td>
</tr>
</tbody>
</table>

4. First Aid Measures

Emergency and First Aid Procedures:

In Case of Inhalation: Immediately move victim to fresh air. If experiencing respiratory symptoms: Get immediate medical advice/attention.

In Case of Skin Contact: Flush thoroughly with fresh, tepid water for 15 minutes. Discard contaminated clothing and footwear or wash before reuse. If skin irritation occurs: Get medical advice/attention.

In Case of Eye Contact: Immediately flush eyes with large amounts of fresh, tepid water for at least 15 minutes. Hold eyelids open to ensure complete irrigation of eye and lid tissues. Tilt head to the side and irrigate the eye from the bridge of the nose to the outside of the face. Keep run-off from entering the other eye, mouth or ear. Washing eye within the first few seconds is essential to achieve maximum effectiveness. Remove contact lenses, if present and easy to do. Continue rinsing. Get immediate medical advice/attention.

In Case of Ingestion: Do not induce vomiting. Rinse mouth with fresh, tepid water, then immediately drink 4-8 oz. or milk of water. Never give anything by mouth to an unconscious person. If vomiting occurs, keep airways open. Keep head lower than hips to prevent aspiration into the lungs. Get medical advice/attention.

5. Fire Fighting Measures

Flash Pt: No data.
Explosive Limits: LEL: No data. UEL: No data.
Autoignition Pt: No data.
Suitable Extinguishing Media: Dry chemical, CO2, sand, earth, water spray or regular foam.
Fire Fighting Instructions: As in any fire, wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protective gear.
Flammable Properties and Hazards: No data available.

6. Accidental Release Measures

Protective Precautions: Goggles and face shield. Rubber gloves. Wear chemical protective clothing.
Protective Equipment and Emergency Procedures: NIOSH/MSHA approved respirator. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Provide mechanical ventilation to disperse or ventilate the area with fresh air.
Steps To Be Taken In Case Material Is Released Or Spilled: Absorb spill with inert material (e.g. dry sand or earth), and dispose of in accordance with applicable regulations.
7. Handling and Storage
Precautions To Be Taken in Handling: For industrial or institutional use only.
Precautions To Be Taken in Storing: Store away from incompatible substances. Keep from freezing.

8. Exposure Controls/Personal Protection
<table>
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<tr>
<th>CAS #</th>
<th>Partial Chemical Name</th>
<th>OSHA TWA</th>
<th>ACGIH TWA</th>
<th>Other Limits</th>
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<tbody>
<tr>
<td>7681-52-9</td>
<td>Sodium hypochlorite</td>
<td>No data.</td>
<td>No data.</td>
<td>No data.</td>
</tr>
</tbody>
</table>

Respiratory Equipment: A respirator is not needed under normal and intended conditions of product use.
(Specify Type):
Eye Protection: Goggles and face shield.
Protective Gloves: Rubber gloves.
Other Protective Clothing: Wear chemical protective clothing. Chemical resistant apron.
Engineering Controls: Handle in accordance with good industrial hygiene and safety practice. In a well-ventilated area. Wash hands before breaks and at the end of workday.

9. Physical and Chemical Properties
Physical States: [ ] Gas  [X] Liquid  [ ] Solid
Appearance and Odor: Appearance: Clear, yellow, Liquid.
Odor: chlorine-like.
Melting Point: No data.
Boiling Point: No data.
Autoignition Pt: No data.
Flash Pt: No data.
Explosive Limits: LEL: No data. UEL: No data.
Specific Gravity (Water = 1): 1.10 - 1.20
Vapor Pressure (vs. Air or mm Hg): No data.
Vapor Density (vs. Air = 1): No data.
Evaporation Rate: No data.
Solubility in Water: 100%
PH: > 11.5
Percent Volatile: No data.

10. Stability and Reactivity
Reactivity: Avoid contact with acidic or ammonia products.
Stability: Unstable [ ]  Stable [ X ]
Conditions To Avoid: Avoid handling conditions which may allow for leaks and spills of this material. Do not permit personnel to handle this product without proper training and/or protective equipment.
Instability: 
Incompatibility - Materials To Avoid: Avoid contact with acidic and ammonia products.
Avoid: Hazardous Decomposition Or No data available.
Byproducts: Possibility of Hazardous Reactions: Will occur [ ]  Will not occur [ X ]
Conditions To Avoid: No data available.
Hazardous Reactions:

11. Toxicological Information

Toxicological Information: Inhalation, Eye contact, Skin contact
Irritation or Corrosion:
- Eyes: Causes serious eye damage
- Skin: Causes severe skin burns
- Ingestion: Causes digestive tract burns
- Inhalation: May cause nose, throat, and lung irritation

Symptoms related to:
- Eyes: Redness, Pain, Corrosion
- Skin: Redness, Pain, Corrosion
- Ingestion: Corrosion, Abdominal pain
- Inhalation: Respiratory irritation, cough

<table>
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<tr>
<th>CAS #</th>
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12. Ecological Information

General Ecological Information: Harmful to aquatic life.

13. Disposal Considerations

Waste Disposal Method: Dispose of contents/container in accordance to local, state and federal regulations.

14. Transport Information

LAND TRANSPORT (US DOT):
- DOT Proper Shipping Name: Hypochlorite solutions
- DOT Hazard Class: 8 CORROSIVE
- UN/NA Number: UN1791
- Packing Group: II

15. Regulatory Information

EPA SARA (Superfund Amendments and Reauthorization Act of 1986) Lists
- CAS # 7681-52-9 Sodium hypochlorite
  - S. 302 (EHS): Yes
  - S. 304 RQ: Yes
  - S. 313 (TRI): Yes
  - Yes 100 LB: No
  - Other US EPA or State Lists: CAA HAP, ODC. No; CWA NPDES. No; TSCA. Yes - Inventory; CA PROPK. 55. No; CA TAC. Title 8; Title 8. MA Oil/HazMat. Yes; MI CMR. Part 5; Part 5; NC TAP. No; NJ EHS. Yes - 1707; NY Part 597. Yes; PA HSL. Yes - E; SC TAP. No; VA Air. No
16. Other Information

Revision Date: 12/29/2014

Additional Information About Company's Disclaimer: While IBA believes this statement set forth herein are accurate as of the date hereof, IBA makes no warranty with respect thereto and expressly disclaims all liability for reliance thereon. Such data is offered solely for your consideration, investigation and verification.
Mr. Picard,

Per my phone conversation this morning with your receptionist, Angel, she has informed VOSHA that you will authorize sending VOSHA a copy of the SDS for the IBA-USA company product named "FS-100 Liquid Sanitizer" if I send you a formal request-for-information. Please submit the previously-mentioned SDS to VOSHA per this formal request at your earliest opportunity. The information that VOSHA receives will be held in confidence without disclosure to other parties except in the event of legal discovery (which in my opinion is unlikely). Additionally, if there is a company-confidential material in this formulation, please identify the compound(s) with CAS #s that may be identified as such as an undisclosed, chemical hazard(s) component.

Thank you in advance for your efforts.

Respectfully,

John Callan
Senior VOSHA Occupational Health Compliance Officer
Vermont Department of Labor
63 Pearl Street
Burlington, VT 05401
(p) 802.657.4211 (f) 802.951.4091
john.callan@vermont.gov
www.lab.vt.gov
Jan-4-2018 10:44AM

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Copper Advanced

Safety Data Sheet

According to Federal Register / Vol. 77, No. 58 / Monday, March 26, 2012 / Rules and Regulations

Date of issue: 08/02/2015
Version: 1.0

SECTION 1: Identification of the substance/mixture and of the company/undertaking

1.1. Product Identification
Product name: Copper Advanced

1.2. Relevant identified uses of the substance or mixture and any advice against
Use of the substance/mixture: Animal health care product

1.3. Details of the suppliers of the safety data sheet
Sanco Industries, Inc.
1818 S. Cohan Street
Fort Wayne, IN 46822
Phone: 260-426-8281
Toll Free: 888-697-2626

1.4. Emergency telephone number
Emergency number: 24 Hour Contact - CHEMTREC 1-800-424-8300

SECTION 2: Hazards identification

2.1. Classification of the substance or mixture

Classification (GHS-US)
Skin Corr. 1A: H314
Eye Irrit. 2A: H319
Ceno. 1A: H350

2.2. Label elements

GHS-US labeling
Hazard pictograms (GHS-US)

Signal word (GHS-US): Danger
Hazard statements (GHS-US)
H314 - Causes severe skin burns and eye damage
H319 - Causes severe eye irritation
H350 - May cause cancer

Precautionary statements (GHS-US)
P201 - Obtain special instructions before use
P202 - Do not handle until all safety precautions have been read and understood
P260 - Do not breathe mist/vapors
P264 - Wear protective gloves/protective clothing/eye protection/face protection
P301+P330+P331 - IF SWALLOWED: Rinse mouth. Do NOT induce vomiting
P303+P361+P332 - IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower
P304+P340 - IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing
P305+P351+P338 - IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing
P308+P313 - IF EXPOSED OR SUSPECTED EXPOSURE: Get medical advice/attention
P310 - IMMEDIATELY CALL A POISON CENTER OR PHYSICIAN
P337+P313 - IF EYES irritated persistently: Get medical advice/attention
P363 - Wash contaminated clothing before reuse

2.3. Other hazards
Strong inorganic acid mist containing sulfuric acid are classified as a known human carcinogen. This classification does not apply to sulfuric acid solutions.

2.4. Unknown acute toxicity (GHS-US)
None of the ingredients in the mixture are of unknown toxicity

08/02/2015
EN (English US)
**SECTION 3: Composition/information on ingredients**

<table>
<thead>
<tr>
<th>Name</th>
<th>Product identifier</th>
<th>%</th>
<th>Classification (GHS-US)</th>
</tr>
</thead>
<tbody>
<tr>
<td>sulfuric acid, copper(2+) salt (1.1), pentahydrate</td>
<td>(CAS no) 7755-99-8</td>
<td>72.53</td>
<td>Skin Irrit. 2, H315</td>
</tr>
<tr>
<td>sulfuric acid</td>
<td>(CAS no) 7664-93-9</td>
<td>0.5</td>
<td>Skin Corr. 1A, H314</td>
</tr>
</tbody>
</table>

**SECTION 4: First aid measures**

4.1. Description of first aid measures

First-aid measures general

First-aid measures after inhalation

First-aid measures after skin contact

First-aid measures after eye contact

First-aid measures after ingestion

4.2. Most important symptoms and effects, both acute and delayed

Symptoms/effects after inhalation

Symptoms/effects after skin contact

Symptoms/effects after eye contact

4.2.1. Indication of any immediate medical attention and special treatment needed

No additional information available

**SECTION 5: Firefighting measures**

5.1. Extinguishing media

Suitable extinguishing media

Unsuitable extinguishing media

5.2. Special hazards arising from the substance or mixture

Reactivity

5.3. Advice for firefighters

Firefighting instructions

Protection during firefighting

**SECTION 6: Accidental release measures**

6.1. Personal precautions, protective equipment and emergency procedures

6.1.1. For non-emergency personnel

Emergency procedures

6.1.2. For emergency responders

Protective equipment

Emergency procedures

6.2. Environmental precautions

Prevent entry of excess quantities to sewers and public waters. Notify authorities if significant quantities of solution enter sewers or public waters.
Copper Advanced
Safety Data Sheet
according to Federal Register / Vol. 77, No. 58 / Monday, March 26, 2012 / Rules and Regulations

EU Regulations

Sulfuric acid (7664-93-9)
Listed on the EEC inventory EINECS (European Inventory of Existing Commercial Chemical Substances)

Classification according to Regulation (EC) No. 1272/2008 (CLP)
No additional information available

Classification according to Directive 67/548/EEC (DSD) or 1999/45/EC (RD 99/45/EC)
No additional information available

15.2.2. National regulations

Sulfuric acid, copper(2+) salt (1:1), perhydrate (7756-93-9)
Listed on the AICS (Australian Inventory of Chemical Substances)
Listed on JECSC (Inventory of Existing Chemical Substances Produced or Imported in China)
Listed on NZIoC (New Zealand Inventory of Chemicals)
Listed on PICCS (Philippines Inventory of Chemicals and Chemical Substances)
Japanese Poisonous and Deleterious Substances Control Law
Japanese Pollutant Release and Transfer Register Law (PRTR Law)

Sulfuric acid (7664-93-9)
Listed on IARC (International Agency for Research on Cancer)
Listed on the AICS (Australian Inventory of Chemical Substances)
Listed on JECSC (Inventory of Existing Chemical Substances Produced or Imported in China)
Listed on the Japanese ENCS (Existing & New Chemical Substances) inventory
Listed on the Korean ECL (Existing Chemicals List)
Listed on NZIoC (New Zealand Inventory of Chemicals)
Listed on PICCS (Philippines Inventory of Chemicals and Chemical Substances)
Japanese Poisonous and Deleterious Substances Control Law
Listed on the Canadian IDL (Ingredient Disclosure List)

15.2. US State regulations
No additional information available

SECTION 16: Other information

Other Information: None

Full text of Hazards: see section 16:

<table>
<thead>
<tr>
<th>Acute Tox. 4 (Oral)</th>
<th>Acute toxicity (oral) Category 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carcinogenicity Category 1A</td>
<td></td>
</tr>
<tr>
<td>Serious eye damage/eye irritation Category 2A</td>
<td></td>
</tr>
<tr>
<td>Skin corrosion/irritation Category 1A</td>
<td></td>
</tr>
<tr>
<td>Skin corrosion/irritation Category 2</td>
<td></td>
</tr>
<tr>
<td>Harmful if swallowed</td>
<td></td>
</tr>
<tr>
<td>Causes severe skin burns and eye damage</td>
<td></td>
</tr>
<tr>
<td>Causes skin irritation</td>
<td></td>
</tr>
<tr>
<td>Causes serious eye irritation</td>
<td></td>
</tr>
<tr>
<td>May cause cancer</td>
<td></td>
</tr>
</tbody>
</table>

SDS US (GHS HarCom 2012)

While Sigma-Aldrich Inc. endeavors to provide the most accurate and complete information to the best of its knowledge, Sigma-Aldrich Inc. makes no warranties and expressly disclaims all liability for reliance thereon. Such data is offered solely for your consideration and verification.

08/02/2015
EN (English US)
SAFETY DATA SHEET
Step Up

1. Product and Company Identification

Product Code: 484130
Product Name: Step Up
Company Name: IBA
27 Providence Rd.
Millbury, MA 01527
Emergency Contact: Chemtrec
Phone Number: 1 (508)865-8911
1 (800)424-9300

2. Hazards Identification

Skin Corrosion/Irritation, Category 1B
Acute Toxicity: Oral, Category 4
Serious Eye Damage/Eye Irritation, Category 2
Corrosive To Metals, Category 1

GHS Signal Word: Danger
GHS Hazard Phrases: Causes severe skin burns and eye damage.
Harmful if swallowed.
May be corrosive to metals.
GHS Precaution Phrases: Keep out of reach of children.
Read label before use.
Do not breathe (dust/haze/gas/mist/vapours/spray).
Do not get in eyes, on skin, or on clothing.
Wear rubber gloves, chemical goggles, face shield and rubber apron.
Wash hands thoroughly after handling.
Take any precaution to avoid mixing with chlorinated products.
GHS Response Phrases: IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing for 15 minutes. Get immediate medical advice/attention.
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. Get immediate medical advice/attention.
IF ON SKIN: Remove immediately all contaminated clothing and wash it before reuse. Wash with plenty of water for 15 minutes. If skin irritation occurs: Get medical advice/attention.

GHS Storage and Disposal Phrases: Store locked up
Dispose of contents/container in accordance to local, state and federal regulations.

Hazard Rating System:

HEALTH
FLAMMABILITY
HMIS:
PPE

Licensed to Webco Chemical Corp. MIRS MSDS (c) A V Systems, Inc.
Potential Health Effects (Acute and Chronic):

3. Composition/Information on Ingredients

<table>
<thead>
<tr>
<th>CAS #</th>
<th>Hazardous Components (Chemical Name)</th>
<th>Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>7664-38-2</td>
<td>Phosphoric acid</td>
<td>5.0 - 10 %</td>
</tr>
<tr>
<td>7664-63-9</td>
<td>Sulfuric acid</td>
<td>5.0 - 10 %</td>
</tr>
</tbody>
</table>

4. First Aid Measures

Emergency and First Aid Procedures:
No data available.

In Case of Inhalation: Immediately move victim to fresh air. If experiencing respiratory symptoms: Get immediate medical advice/attention.

In Case of Skin Contact: Flush thoroughly with fresh, tepid water for 15 minutes. Discard contaminated clothing and footwear or wash before reuse. If skin irritation occurs: Get medical advice/attention.

In Case of Eye Contact: Immediately flush eyes with large amounts of fresh, tepid water for at least 15 minutes. Hold eyelids open to ensure complete irrigation of eye and lid tissues. Tilt head to the side and irrigate the eye from the bridge of the nose to the outside of the face. Keep run-off from entering the other eye, mouth or ear. Washing eye within the first few seconds is essential to achieve maximum effectiveness. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists, get medical advice/attention.

In Case of Ingestion: Do not induce vomiting. Rinse mouth with fresh tepid water, then immediately drink 4-8 oz. or milk or water. Never give anything by mouth to an unconscious person. If vomiting occurs, keep airways open. Keep head lower than hips to prevent aspiration into the lungs. Get medical advice/attention.

5. Fire Fighting Measures

Flash Pt: No data.
Explosive Limits: LEL: No data. UEL: No data.
Autoignition Pt: No data.
Suitable Extinguishing Media: Use foam, dry chemical, or carbon dioxide. Do NOT get water inside containers.

Fire Fighting Instructions: As in any fire, wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protective gear.

Flammable Properties and Hazards: No data available.

6. Accidental Release Measures

Protective Precautions, Protective Equipment and Emergency Procedures: Goggles and face shield. Rubber gloves. Wear chemical protective clothing. NIOSH/MSHA approved respirator. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Provide mechanical ventilation to disperse or ventilate the area with fresh air.

Steps To Be Taken in Case Material Is Released Or Spilled: Absorb spill with inert material (e.g. dry sand or earth), and dispose of in accordance with applicable regulations.
7. Handling and Storage

Precautions To Be Taken in Handling: For industrial or institutional use only.
Precautions To Be Taken in Storing: Store away from incompatible substances. Keep from freezing.

8. Exposure Controls/Personal Protection

<table>
<thead>
<tr>
<th>CAS #</th>
<th>Partial Chemical Name</th>
<th>OSHA TWA</th>
<th>ACGIH TWA</th>
<th>Other Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>7664-35-2</td>
<td>Phosphoric acid</td>
<td>PEL: 1 mg/m^3</td>
<td>TLV: 1 mg/m^3</td>
<td>STEL: 3 mg/m^3</td>
</tr>
<tr>
<td>7664-93-9</td>
<td>Sulfuric acid</td>
<td>PEL: 1 mg/m^3</td>
<td>TLV: 1 mg/m^3</td>
<td>STEL: 3 mg/m^3</td>
</tr>
</tbody>
</table>

Respiratory Equipment: A respirator is not needed under normal and intended conditions of product use.
Eye Protection: Goggles and face shield.
Protective Gloves: Rubber gloves.
Other Protective Clothing: Wear chemical protective clothing, Chemical resistant apron.
Engineering Controls: Handle in accordance with good industrial hygiene and safety practice. In a well-ventilated area. Wash hands before breaks and at the end of workday.

9. Physical and Chemical Properties

Physical States: [ ] Gas [X] Liquid [ ] Solid
Odor: No apparent odor.
Melting Point: No data.
Boiling Point: No data.
Autoignition Pt: No data.
Flash Pt: No data.
Explosive Limits: LEL: No data. UEL: No data.
Specific Gravity (Water = 1): 1.155 - 1.190
Vapor Pressure (vs. Air or mm Hg): No data.
Vapor Density (vs. Air = 1): No data.
Evaporation Rate: No data.
Solubility in Water: 100
Percent Volatile: No data.

10. Stability and Reactivity

Reactivity: Contact with chlorine liberates very toxic gas.
Stability: Unstable [ ] Stable [X]
Conditions To Avoid - Instability: Avoid handling conditions which may allow for leaks and spills of this material. Do not permit personnel to handle this product without proper training and/or protective equipment.
Incompatibility - Materials To Avoid: Avoid contact with alcohols and chlorine products. Avoid contact with materials such as aluminum, tin, zinc, and alloys containing these materials.
Avoid: No data available.
Hazardous Decomposition: No data available.
Byproducts: Will occur [X] Will not occur [ ]
Possibility of Hazardous Reactions: Will occur [X] Will not occur [ ]
6.3 Methods and materials for containment and cleanup

Methods for cleaning up:
- Boil up spills with inert solids, such as clay or diatomaceous earth as soon as possible. Collect spillage. Neutralize with bicarbonate of soda or limestone if applicable. Store away from other materials. Dispose of spilled material in accordance with all applicable local, state and federal regulations.

6.4 Reference to other sections

See Heading 8. Exposure controls and personal protection.

SECTION 7: Handling and storage

7.1 Precautions for safe handling

Precautions for safe handling:
- Wash hands and other exposed areas with mild soap and water before eating, drinking or smoking and when leaving work. Provide good ventilation in process area to prevent formation of vapor. Do not breathe mist/vapors. Avoid contact during pregnancy. 

Hygiene measures:
- Wash hands and other exposed areas thoroughly after handling.

7.2 Conditions for safe storage, including any incompatibilities

Storage conditions:
- Keep only in the original container in a cool, well ventilated place. Do not use in or near strong bases. Strong acids. Sources of ignition. Direct sunlight.

Incompatible products:

Incompatible materials:

7.3 Specific end use(s)

No additional information available.

SECTION 8: Exposure controls/personal protection

8.1 Control parameters

<table>
<thead>
<tr>
<th>Substance</th>
<th>ACGIH TWA (mg/m³)</th>
<th>OSHA PEI (TWA) (mg/m³)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA ACGIH</td>
<td>0.2 mg/m³ (Thoracic fraction)</td>
<td></td>
</tr>
<tr>
<td>USA OSHA</td>
<td>1 mg/m³</td>
<td></td>
</tr>
</tbody>
</table>

8.2 Exposure controls

Appropriate engineering controls:
- Ensure that proper ventilation is provided to maintain exposures below regulated limits.

Personal protective equipment:
- Avoid all unnecessary exposure.
- Wear protective gloves.
- Chemical goggles or face shield.

Hand protection:
- Wear suitable protective clothing.

Eye protection:
- Not typically required. If airborne concentrations exceed recommended exposure limits, use a NIOSH approved respirator.

Skin and body protection:
- Do not eat, drink or smoke during use.

Respiratory protection:

Other Information:

SECTION 9: Physical and chemical properties

9.1 Information on basic physical and chemical properties

- Physical state: Liquid
- Appearance: Clear blue liquid
- Color: Blue
- Odor: Odorless
- Odor threshold: No data available
- pH: 0.2 - 1.5
- Relative evaporation rate (butyl acetate=1): No data available
- Melting point: No data available
- Freezing point: No data available
- Boiling point: 104 °C
- Flash point: No data available
- Auto-ignition temperature: No data available
- Decomposition temperature: No data available
Copper Advanced
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Flammability (solid, gas) : No data available
Vapor pressure : No data available
Relative vapor density at 20 °C : No data available
Relative density : 1.19
Solubility : Water: Completely
Log Pow : No data available
Log Kow : No data available
Viscosity, kinematic : No data available
Viscosity, dynamic : No data available
Explosive properties : No data available
Oxidizing properties : No data available
Explosive limits : No data available

9.2. Other information
No additional information available

SECTION 10: Stability and reactivity

10.1. Reactivity
Thermal decomposition generates: Corrosive vapors.

10.2. Chemical stability
Not established.

10.3. Possibility of hazardous reactions
Not established.

10.4. Conditions to avoid
Direct sunlight. Extremely high or low temperatures.

10.5. Incompatible materials
Strong acids, strong bases.

10.6. Hazardous decomposition products

SECTION 11: Toxicological information

11.1. Information on toxicological effects

Acute toxicity : Not classified

<table>
<thead>
<tr>
<th>Substance</th>
<th>LD50 oral rat</th>
<th>LC50 inhalation rat (mg/l)</th>
<th>Skin corrosion/irritation</th>
<th>Respiratory or skin sensitization</th>
<th>Germ cell mutagenicity</th>
<th>Carcinogenicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulfuric acid, copper(II) salt (1:1), pentahydrate (7758-89-8)</td>
<td>950 mg/kg</td>
<td>510 mg/l (Exposure time: 2 h)</td>
<td>Causes severe skin burns and eye damage.</td>
<td>Not classified</td>
<td>Not classified</td>
<td>May cause cancer.</td>
</tr>
<tr>
<td>Sulfuric acid (7664-93-9)</td>
<td>2140 mg/kg</td>
<td></td>
<td>Causes severe skin burns and eye damage.</td>
<td>Not classified</td>
<td>Not classified</td>
<td></td>
</tr>
</tbody>
</table>

10. IARC group
1. Carcinogenic to humans

11. Reproductive toxicity
Not classified

12. Specific target organ toxicity (single exposure)
Not classified

08/02/2015
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# Copper Advanced

## Safety Data Sheet

According to Federal Register / Vol. 77, No. 56 / Monday, March 26, 2012 / Rules and Regulations

### Specific target organs toxicity (repeated exposure)
- Not classified

### Acute oral toxicity
- Not classified

### Potential Adverse human health effects and symptoms
- No additional information available.

### Symptoms/Injuries after inhalation
- May cause cancer by inhalation.

### Symptoms/Injuries after eye contact
- Causes serious eye irritation.

## SECTION 12: Ecological information

### 12.1. Toxicity

<table>
<thead>
<tr>
<th>Substance Description</th>
<th>LC50 fish 1</th>
<th>EC50 Daphnia 1</th>
<th>LC50 fish 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulfuric acid, copper(2+) salt (1:1), pentahydrate (7758-93-9)</td>
<td>0.66 - 1.15 mg/L (Exposure time: 96 h - Species: Lepomis macrochirus [Semi-stated])</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfuric acid (7664-93-9)</td>
<td>0.147 - 0.227 mg/L (Exposure time: 48 h - Species: Daphnia magna [Semi-stated])</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfuric acid (7664-93-9)</td>
<td>0.98 - 1.3 mg/L (Exposure time: 96 h - Species: Lepomis macrochirus [Semi-stated])</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LC50 fish 1</td>
<td>&gt; 500 mg/L (Exposure time: 96 h - Species: Brachydanio rerio [Semi-stated])</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 12.2. Persistence and degradability

- Copper Advanced: Not established
- Sulfuric acid, copper(2+) salt (1:1), pentahydrate (7758-93-9): Not established.

### 12.3. Bioaccumulative potential

- Copper Advanced: Not established
- Sulfuric acid, copper(2+) salt (1:1), pentahydrate (7758-93-9): Not established.

### 12.4. Mobility in soil

- No additional information available

### 12.5. Other adverse effects

Other information: Avoid release to the environment.

## SECTION 13: Disposal considerations

### 13.1. Waste treatment methods

- Dispose in a safe manner in accordance with local, state and federal regulations.

### Ecology - waste materials

- Avoid release to the environment.

## SECTION 14: Transport information

- In accordance with DOT
- UN3264 Corrosive liquid, acidic, inorganic. n.o.s. (Sulfuric acid, less than 5%), 8, III
- UN284 Corrosive liquid, acidic, inorganic. n.o.s. (Sulfuric acid, less than 5%)
- Class 8 - Corrosive material 49 CFR 173.185
- G - Identifies PSN requiring a technical name

![DOT Symbols]
11. Toxicological Information

Toxicological Information: Inhalation, Eye contact, Skin contact, Ingestion
Irritation or Corrosion: Eyes: Causes serious eye damage. Skin: Causes severe skin irritation. Ingestion: Causes digestive tract burns. Inhalation: May cause nose, throat, and lung irritation

Symptoms related to Toxicological Characteristics:

Chronic Toxicological Effects:
Improper use or mixing of Sulfuric Acid products may be cancer causing if inhaled.

Effects:

<table>
<thead>
<tr>
<th>CAS #</th>
<th>Hazardous Components (Chemical Name)</th>
<th>NTP</th>
<th>IARC</th>
<th>ACGIH</th>
<th>OSHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>7864-38-2</td>
<td>Phosphoric acid</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>7664-93-9</td>
<td>Sulfuric acid</td>
<td>Known</td>
<td>n.a.</td>
<td>A2</td>
<td>n.a.</td>
</tr>
</tbody>
</table>

12. Ecological Information

General Ecological Information: May be harmful to aquatic life.

13. Disposal Considerations

Waste Disposal Method: Dispose of contents/container in accordance to local, state and federal regulations.

14. Transport Information

LAND TRANSPORT (US DOT):
DOT Proper Shipping Name: liquid, acidic, inorganic, n.o.s. (Phosphoric acid, Sulfuric acid)
DOT Hazard Class: 8 CORROSIVE
UN/NA Number: UN3264
Packing Group: II

15. Regulatory Information

EPA SARA (Superfund Amendments and Reauthorization Act of 1986) Lists

<table>
<thead>
<tr>
<th>CAS #</th>
<th>Hazardous Components (Chemical Name)</th>
<th>S. 301 (EHS)</th>
<th>S. 304 RQ</th>
<th>S. 313 (TRI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7864-38-2</td>
<td>Phosphoric acid</td>
<td>No</td>
<td>Yes 5000 LB</td>
<td>No</td>
</tr>
<tr>
<td>7664-93-9</td>
<td>Sulfuric acid</td>
<td>Yes 1000 LB</td>
<td>Yes 1000 LB</td>
<td>Yes</td>
</tr>
</tbody>
</table>

EPA HAP/ODC: No. CWA NPDES: No; TSCA. Yes - Inventory. CA PROP 85: No; CA TAC, Title 8: TAC, Title 8;
MA Oil/ HazMat: Yes; MI CMR, Part 5; Part 6; NC TAP: No;
NJ EHS: Yes - 1805; NY Part 597: Yes; PA HSL: Yes - E; SC TAP: Yes; WI Air: Yes;

| CAS #   | Hazardous Components (Chemical Name) | CAA HAP/ODC: No | CWA NPDES: No; TSCA. Yes - Inventory. CA PROP 85: No; CA TAC, Title 8: TAC, Title 8; MA Oil/ HazMat: Yes; MI CMR, Part 5; Part 6; NC TAP: Yes; NJ EHS: Yes - 1805; NY Part 597: Yes; PA HSL: Yes - E; SC TAP: Yes; WI Air: Yes; |
|---------|--------------------------------------|-----------------|--------------|----------------|
| 7664-38-2 | Phosphoric acid                      | No. CWA NPDES: No; TSCA. Yes - Inventory. CA PROP 85: No; CA TAC, Title 8: TAC, Title 8; MA Oil/ HazMat: Yes; MI CMR, Part 5; Part 6; NC TAP: Yes; NJ EHS: Yes - 1805; NY Part 597: Yes; PA HSL: Yes - E; SC TAP: Yes; WI Air: Yes; |

Licensed to Wilcox Chemical Corp.: MIRS MSDS, (c) A V Systems, Inc.
16. Other Information

Revision Date: 12/17/2014

Additional Information About This Product:

Company's Disclaimer: While IBA believes this statement set forth herein are accurate as of the date hereof, IBA makes no warranty with respect thereto and expressly disclaims all liability for reliance thereon. Such data is offered solely for your consideration, investigation and verification.
SECTION 1: Identification of the substance/mixture and of the company/undertaking

1.1. Product identifier
   Product form: Mixture
   Product name: Zinc Advanced

1.2. Relevant identified uses of the substance or mixture and uses advised against
   Use of the substance/mixture: Hoof Treatment

1.3. Details of the supplier of the safety data sheet
   IBA Dairy Supplies
   27 Providence Road
   Millbury, MA 01527
   Phone: (508) 685-6911

1.4. Emergency telephone number
   Emergency number: 24 Hour Contact - CHEMTREC 1-800-424-9300

SECTION 2: Hazards identification

2.1. Classification of the substance or mixture
   Classification (GHS-US)
   Skin Corr. 1A: H314

2.2. Label elements
   GHS-US labeling
   Hazard pictograms (GHS-US)

   Signal word (GHS-US): Danger
   Hazard statements (GHS-US): H314 - Causes severe skin burns and eye damage
   Precautionary statements (GHS-US): P280 - Do not breathe mist/vapors;  P264 - Wash hands and other exposed areas thoroughly after handling;  P280 - Wear protective gloves/protective clothing/eye protection/face protection;  P301 + P330 + P331 - If swallowed: rinse mouth. Do NOT induce vomiting;  P303 + P361 + P353 - If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower;  P304 + P340 - If inhaled: Remove person to fresh air and keep comfortable for breathing;  P305+P351+P338 - If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing;  P363 - Wash contaminated clothing before reuse.

2.3. Other hazards
   No additional information available

2.4. Unknown acute toxicity (GHS-US)
   None of the ingredients are of unknown toxicity

SECTION 3: Composition/information on ingredients

3.1. Substance
   Not applicable - the product is a mixture

3.2. Mixture

<table>
<thead>
<tr>
<th>Name</th>
<th>Product identifier</th>
<th>%</th>
<th>Classification (GHS-US)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc chloride</td>
<td>CAS No: 7646-85-7</td>
<td>29 – 34</td>
<td>Acute Tox. 4 (Oral), H302</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Skin Corr. 1A, H314</td>
</tr>
</tbody>
</table>

*The exact concentration has been withheld as a trade secret*
Zinc Advanced
Safety Data Sheet
according to Federal Register / Vol. 79, No. 58 / Monday, March 20, 2012 / Rules and Regulations

SECTION 4: First aid measures

4.1. Description of first aid measures
   First-aid measures general:
   Never give anything by mouth to an unconscious person. If you feel unwell, seek medical
   advice (show the product label where possible).
   First-aid measures after inhalation:
   Remove victim to fresh air and keep at rest in a position comfortable for breathing. Immediately
   call a poison center or doctor/physician.
   First-aid measures after skin contact:
   Remove/take off immediately all contaminated clothing. Rinse skin with water/shower.
   Immediately call a poison center or doctor/physician.
   First-aid measures after eye contact:
   Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to
   do. Continue rinsing. Immediately call a poison center or doctor/physician.
   First-aid measures after ingestion:
   Rinse mouth. Do NOT induce vomiting. Immediately call a poison center or doctor/physician.

4.2. Most important symptoms and effects, both acute and delayed
   Symptoms/Injuries: Causes severe skin burns and eye damage.

4.3. Indication of any immediate medical attention and special treatment needed
   No additional information available.

SECTION 5: Firefighting measures

5.1. Extinguishing media
   Suitable extinguishing media:
   Foam, Dry powder, Carbon dioxide, Water spray, Sand.
   Unsuitable extinguishing media:
   Do not use a heavy water stream.

5.2. Special hazards arising from the substance or mixture
   Reactivity:
   Thermal decomposition generates corrosive vapors.

5.3. Advice for firefighters
   Firefighting instructions:
   Use water spray or fog for cooling exposed containers. Exercise caution when fighting any
   chemical fire. Prevent fire-fighting water from entering environment.
   Protection during firefighting:
   Do not enter fire area without proper protective equipment, including respiratory protection.

SECTION 6: Accidental release measures

6.1. Personal precautions, protective equipment and emergency procedures

6.1.1. For non-emergency personnel
   Emergency procedures:
   Evacuate unnecessary personnel.

6.1.2. For emergency responders
   Protective equipment:
   Equip cleanup crew with proper protection.
   Emergency procedures:
   Ventilate area.

6.2. Environmental precautions
   Prevent entry to sewers and public waters. Notify authorities if liquid enters sewers or public waters.

6.3. Methods and material for containment and cleaning up
   Methods for cleaning up:
   Soak up spills with inert solids, such as clay or diatomaceous earth as soon as possible. Collect spillage. Store away from other materials.

6.4. Reference to other sections
   See Heading 8. Exposure controls and personal protection.

SECTION 7: Handling and storage

7.1. Precautions for safe handling
   Precautions for safe handling:
   Wash hands and other exposed areas with mild soap and water before eating, drinking or
   smoking and when leaving work. Provide good ventilation in process area to prevent formation
   of vapor. Do not breathe mist/vapors. Avoid contact during pregnancy/while nursing.

   Hygiene measures:
   Wash hands and other exposed areas thoroughly after handling.

7.2. Conditions for safe storage, including any incompatibilities
   Storage conditions:
   Keep only in the original container in a cool, well-ventilated place. Keep container closed when
   not in use.

   Incompatible products:
   Strong bases, Strong acids.

   Incompatible materials:
   Sources of ignition. Direct sunlight.
Zinc Advanced
Safety Data Sheet
according to Federal Register / Vol. 77, No. 58 / Monday, March 26, 2012 / Rules and Regulations

SECTION 8: Exposure controls/personal protection

8.1 Control parameters

<table>
<thead>
<tr>
<th>Substance</th>
<th>ACGIH TWA (mg/m³)</th>
<th>OSHA PEL (TWA) (mg/m³)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc chloride (7646-85-7)</td>
<td>1 mg/m³ (fumes)</td>
<td>1 mg/m³ (fumes)</td>
</tr>
</tbody>
</table>

8.2 Exposure controls

- Personal protective equipment: Avoid all unnecessary exposure.
- Hand protection: Wear protective gloves.
- Eye protection: Chemical goggles or face shield.
- Skin and body protection: Wear suitable protective clothing.
- Respiratory protection: Not typically required. If airborne concentrations exceed recommended exposure limits, use a NIOSH approved respirator.
- Other information: Do not eat, drink or smoke during use.

SECTION 9: Physical and chemical properties

9.1 Information on basic physical and chemical properties

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical state</td>
<td>Liquid</td>
</tr>
<tr>
<td>Color</td>
<td>Light red</td>
</tr>
<tr>
<td>Odor</td>
<td>Characteristic</td>
</tr>
<tr>
<td>Odor threshold</td>
<td>No data available</td>
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<tr>
<td>pH</td>
<td>1</td>
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<tr>
<td>Melting point</td>
<td>No data available</td>
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<td>Freezing point</td>
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<td>Boiling point</td>
<td>No data available</td>
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<tr>
<td>Flash point</td>
<td>No data available</td>
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<tr>
<td>Relative evaporation rate (relative acetone=1)</td>
<td>No data available</td>
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<tr>
<td>Flammability (solid, gas)</td>
<td>No data available</td>
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<tr>
<td>Explosion limits</td>
<td>No data available</td>
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<tr>
<td>Explosive properties</td>
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<tr>
<td>Oxidizing properties</td>
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<tr>
<td>Vapor pressure</td>
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<tr>
<td>Relative density</td>
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<tr>
<td>Relative vapor density at 20°C</td>
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<tr>
<td>Solubility</td>
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<tr>
<td>Log Kow</td>
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<td>Auto-ignition temperature</td>
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<td>Decomposition temperature</td>
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<td>Viscosity</td>
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<tr>
<td>Viscosity, kinematic</td>
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</tr>
<tr>
<td>Viscosity, dynamic</td>
<td>No data available</td>
</tr>
</tbody>
</table>

9.2 Other information
No additional information available

SECTION 10: Stability and reactivity

10.1 Reactivity
Thermal decomposition generates: Corrosive vapors.

10.2 Chemical stability
Stable under normal conditions of use.

10.3 Possibility of hazardous reactions
Not established.
Zinc Advanced
Safety Data Sheet

10.4. Conditions to avoid
Direct sunlight. Extremely high or low temperatures.

10.5. Incompatible materials
Strong acids. Strong bases.

10.6. Hazardous decomposition products
Carbon monoxide. Carbon dioxide. Thermal decomposition generates corrosive vapors.

SECTION 11: Toxicological information

11.1. Information on toxicological effects

<table>
<thead>
<tr>
<th>Acute toxicity</th>
<th>Not classified</th>
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<tbody>
<tr>
<td>LD50 oral rat</td>
<td>1100 mg/kg</td>
</tr>
<tr>
<td>ATE US (oral)</td>
<td>1100000 mg/kg body weight</td>
</tr>
</tbody>
</table>

Skin corrosion/irritation: Causes severe skin burns and eye damage.
Serious eye damage/irritation: Not classified
Respiratory or skin sensitization: Not classified
Germ cell mutagenicity: Not classified
Carcinogenicity: Not classified
Reproductive toxicity: Not classified
Specific target organ toxicity (single exposure): Not classified
Specific target organ toxicity (repeated exposure): Not classified
Aspiration hazard: Not classified
Potential Adverse human health effects and symptoms: No additional information available.

SECTION 12: Ecological information

12.1. Toxicity
No additional information available

12.2. Persistence and degradability

| Zinc Advanced | Persistence and degradability: Not established |

12.3. Bioaccumulative potential

<table>
<thead>
<tr>
<th>Zinc Advanced</th>
<th>Bioaccumulative potential: Not established</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc chloride (7546-55-7)</td>
<td>BCF fish 1: 18000</td>
</tr>
</tbody>
</table>

12.4. Mobility in soil
No additional information available

12.5. Other adverse effects
Other information: Avoid release to the environment

SECTION 13: Disposal considerations

13.1. Waste treatment methods
Waste disposal recommendations: Dispose in a safe manner in accordance with local, state and federal regulations.
Ecology - waste materials: Avoid release to the environment.

SECTION 14: Transport information

Department of Transportation (DOT)
In accordance with DOT
No additional information available
Zinc Advanced
Safety Data Sheet

SECTION 15: Regulatory Information

15.1. US Federal regulations:
- **Zinc Advanced**
  - SARA Section 311/312 Hazard Classes: Skin corrosion or irritation
- **Zinc chloride (7646-85-7)**
  - Listed on the United States TSCA (Toxic Substances Control Act) Inventory

15.2. International regulations:

**CANADA**
- **Zinc chloride (7646-85-7)**
  - Listed on the Canadian DSL (Domestic Substances List)

**EU-Regulations**
- **Zinc chloride (7646-85-7)**
  - Listed on the EEC inventory, EINECS (European Inventory of Existing Commercial Chemical Substances)

Classification according to Regulation (EC) No. 1272/2008 [CLP]
No additional information available

Classification according to Directive 67/548/EEC (DSV) or 1999/45/EC [DPD]
No additional information available

**National regulations**
- **Zinc chloride (7646-85-7)**
  - Listed on the AICS (Australian Inventory of Chemical Substances)
  - Listed on IECSC (Inventory of Existing Chemical Substances Produced or Imported in China)
  - Listed on the Japanese ENCS (Existing & New Chemical Substances) Inventory
  - Listed on the Korean ECL (Existing Chemicals List)
  - Listed on NZIoC (New Zealand Inventory of Chemicals)
  - Listed on PICCS (Philippines Inventory of Chemicals and Chemical Substances)
  - Poisonous and Deleterious Substances Control Law
  - Pollutant Release and Transfer Register Law (PRTR Law)
  - Listed on the Canadian IDL (Ingredient Disclosure List)
  - Listed on INSO (Mexican national Inventory of Chemical Substances)
  - Listed on Turkish Inventory of Chemicals

15.3. US State regulations:
No additional information available

SECTION 16: Other information

Other information: None.

<table>
<thead>
<tr>
<th>Full text of H-phrases</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Tox. 4 (Oral)</td>
<td>Acute toxicity (oral) Category 4</td>
</tr>
<tr>
<td>Skin Corr. 1A</td>
<td>Skin corrosion/irritation Category 1A</td>
</tr>
<tr>
<td>Skin Corr. 1B</td>
<td>Skin corrosion/irritation Category 1B</td>
</tr>
<tr>
<td>H302</td>
<td>Harmful if swallowed</td>
</tr>
<tr>
<td>H314</td>
<td>Causes severe skin burns and eye damage</td>
</tr>
</tbody>
</table>

SOS US [GHS HexCom 2012]

While this data sheet is as accurate as possible in the best of our knowledge, ISO Daily Schedules makes no warranties and expressly disclaims all implied warranties. Such data is offered solely for your consideration and verification.
Mr. Picard,

Thank you for faxing the SDS for the IBA-USA product called “FS-100”. VOSHA did receive it yesterday.

Additionally, please submit the SDSs for IBA-USA products called “Zinc Advanced” and “Copper Advanced” and “StepUp” to VOSHA per the formal request at your earliest opportunity. The information that VOSHA receives will be held in confidence without disclosure to other parties except in the event of legal discovery (which I believe is unlikely). Additionally, if there is a company-confidential material in this formulation, please identify the compound(s) with CAS #s that may be identified as such as an undisclosed, chemical hazard(s) component.

Thank you in advance for your efforts.

Respectfully,

John Callan
Senior VOSHA Occupational Health Compliance Officer
Vermont Department of Labor
63 Pearl Street
Burlington, VT 05401
(p) 802.665.4211 (f) 802.951.4091
jcallan@vermont.gov
www.labort.vermont.gov

---

From: Callan, John
Sent: Thursday, January 04, 2018 9:36 AM
To: rpicard@iba-usa.com <rpicard@iba-usa.com>
Subject: VOSHA request-for-information for the “FS-100 Liquid Sanitizer” product SDS

Mr. Picard,

Per my phone conversation this morning with your receptionist, Angel, she has informed VOSHA that you will authorize sending VOSHA a copy of the SDS for the IBA-USA company product named “FS-100 Liquid Sanitizer” if I send you a formal request-for-information. Please submit the previously-mentioned SDS to VOSHA per this formal request at your earliest opportunity. The information that VOSHA receives will be held in confidence without disclosure to other parties.
except in the event of legal discovery (which in my opinion is unlikely). Additionally, if there is a company-confidential material in this formulation, please identify the compound(s) with CAS # (s) that may be identified as such as an undisclosed, chemical hazard(s) component.

Thank you in advance for your efforts.

Respectfully,

John Callan
Senior VOSHA Occupational Health Compliance Officer
Vermont Department of Labor
63 Pearl Street
Burlington, VT 05401
(p) 802.657.4211 (f) 802.951.4091
john.callan@vermont.gov
www.labor.vermont.gov
### Fax Confirmation

**Jan-8-2018 10:15AM**

<table>
<thead>
<tr>
<th>Job</th>
<th>Date</th>
<th>Time</th>
<th>Type</th>
<th>Identification</th>
<th>Duration</th>
<th>Pages</th>
<th>Result</th>
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</thead>
</table>
Violation Worksheet

Print Date: 01/09/2018

<table>
<thead>
<tr>
<th>Establishment Name</th>
<th>GREEN MOUNTAIN DAIRY FARM, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA Name</td>
<td></td>
</tr>
<tr>
<td>Type Of Violation</td>
<td>Serious</td>
</tr>
<tr>
<td>Citation Number</td>
<td>1</td>
</tr>
<tr>
<td>Item/Group</td>
<td>1 / b</td>
</tr>
<tr>
<td>Number Exposed</td>
<td>15</td>
</tr>
<tr>
<td>No. Instances</td>
<td>3</td>
</tr>
<tr>
<td>Special Enforcement?</td>
<td>Employer’s Relationship to Hazard</td>
</tr>
<tr>
<td></td>
<td>REC</td>
</tr>
<tr>
<td></td>
<td>Referral</td>
</tr>
<tr>
<td>Standard</td>
<td>1910.151(c)</td>
</tr>
<tr>
<td>Substance Codes</td>
<td>Iodine, Phosphoric Acid, Sulfuric Acid, Zinc Chloride Fume, SODIUM HYPOCHLORITE</td>
</tr>
<tr>
<td>Photo/Video Number</td>
<td></td>
</tr>
</tbody>
</table>

Alleged Violation Description:

29 CFR 1910.151(c): Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use. [63 FR 33450, June 18, 1998]

Location: The Veterinary Room (at a minimum).

Violation: The employer did not ensure to provide suitable facilities for quick drenching or flushing of the eyes and body for immediate emergency use where the eyes or body of any person may be exposed to injurious corrosive materials on Tuesday November 8, 2017.

Recommended Abatement Action:

Penalty

<table>
<thead>
<tr>
<th>Severity</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity Justification</td>
<td>Potential loss of eye sight due to use of corrosive liquids w/o training for chemical safety and available PPE nor an eyewash</td>
</tr>
<tr>
<td>Probability</td>
<td>Greater</td>
</tr>
<tr>
<td>Probability Justification</td>
<td>Daily use of corrosive liquids.</td>
</tr>
<tr>
<td>Number of Times Repeated</td>
<td></td>
</tr>
<tr>
<td>Gravity</td>
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</tr>
<tr>
<td>Gravity based Penalty</td>
<td>12675.00</td>
</tr>
<tr>
<td>Multiplier</td>
<td>Size</td>
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<tr>
<td>Good Faith</td>
<td>History</td>
</tr>
<tr>
<td>Quick Fix</td>
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</tr>
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<td>Calculated Penalty</td>
<td>0.00</td>
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<tr>
<td>Proposed Penalty</td>
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<td>Proposed Penalty Justification:</td>
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</table>
### Abatement Details

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<th>20 Wkg Days</th>
<th>Abatement Status</th>
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<tbody>
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<td>User-entered Abatement Due Date</td>
<td>Date Abated</td>
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</tr>
<tr>
<td>Abatement Documentation Required?</td>
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<tr>
<td>Abatement Completed Description:</td>
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### MultiStep Abatement

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<th>Days to abate</th>
<th>User entered Abatement Due Date</th>
<th>Completed(status)</th>
<th>Verify Date</th>
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</table>

### Employee Exposure

<table>
<thead>
<tr>
<th>Exposure Instance</th>
<th>No. Exposed</th>
<th>Employer</th>
<th>Name and Address Telephone Numbers</th>
<th>Duration</th>
<th>Frequency</th>
<th>Proximity</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN MOUNTAIN DAIRY FARM, LLC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. **Instance Description:**   A. Hazard   B. Equipment   C. Location   D. Injury/Illness   E. Measurements

a) **Hazard(s)-Operation/Condition-Accident:** The employer did not provide an eyewash to employees for immediate use to address employee exposure to corrosive chemicals when employees manually dispense corrosive liquids into open containers on November 8, 2017.

b) **Equipment:** sanitation/cleaning chemicals, wheelbarrow, buckets, shovels, milking equipment

c) **Location:** The Veterinary Room

d) **Injury/Illness (and Justifications for Severity and Probability):**

Severity: High; permanent disability, irreversible illness - 1st and/or 2nd and/or 3rd degree burns, Potential loss of eye sight

Probability: Greater; The corrosive sanitizers are manually dispensed & used daily in farm operations

e) **Measurements:** pictorial measurements, discovery interviews of employees and the Owner/Operator, Review of the SDS

23. **Employer Knowledge:** Yes, the SDSs and the manufacturer’s labels for the products used to disinfect for sanitation purposes in the dairy barns provide adequate information to recognize these chemical hazards. Corrosive sanitizers are a known occupational hazard in the dairy and food processing industry(s).
24. **Comments:** Severity Assessment

(X): High: Death, permanent disability, irreversible illness.


( ): Low: Temp reversible injuries / illness, no hospitalization.

( ): Minor: Other than serious violation.

**Probability Assessment**

I. Number of employees 6 Some employees

II. Frequency of exposure 3 Infrequent

III. Employees proximity 9 Immediate

IV. Stress / conditions 3 Low

V. Other 8 Hazardous material exposure w/o PPE

Total: 31
Average: 6+

( ) 1-5 = lesser / (x) 6-10 = Greater.

25. **Other Employer Information:**
### Violation Worksheet

**Print Date:** 01/09/2018

<table>
<thead>
<tr>
<th>Inspection Number</th>
<th>1277495</th>
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<table>
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<tr>
<th>Establishment Name</th>
<th>GREEN MOUNTAIN DAIRY FARM, LLC</th>
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<tbody>
<tr>
<td>DBA Name</td>
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<tr>
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<td>Serious</td>
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<td>No. Instances</td>
<td>1</td>
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<td>Special Enforcement?</td>
<td>Employer's Relationship to Hazard</td>
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<td>All</td>
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<td>Standard</td>
<td>1910.303(g)(2)(i)</td>
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<td>Substance Codes</td>
<td>Electrical Shock</td>
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<td>Photo/Video Number</td>
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</table>

<table>
<thead>
<tr>
<th>Alleged Violation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 CFR 1910.303(g)(2)(i): Except as elsewhere required or permitted by this standard, live parts of electric equipment operating at 50 volts or more shall be guarded against accidental contact by use of approved cabinets or other forms of approved enclosures or by any of the following means:</td>
</tr>
<tr>
<td>29 CFR 1910.303(g)(2)(i)(A): By location in a room, vault, or similar enclosure that is accessible only to qualified persons;</td>
</tr>
<tr>
<td>29 CFR 1910.303(g)(2)(i)(B): By suitable permanent, substantial partitions or screens so arranged so that only qualified persons will have access to the space within reach of the live parts. Any openings in such partitions or screens shall be so sized and located that persons are not likely to come into accidental contact with the live parts or to bring conducting objects into contact with them;</td>
</tr>
<tr>
<td>Location: The Front Porch Canopy of the Administrative Building.</td>
</tr>
<tr>
<td>Violation: The employer did not ensure to provide approved cabinets or other forms of approved enclosures or alternative protections to guard against accidental employee contact of live parts of electric equipment operating at 50 volts or more.</td>
</tr>
</tbody>
</table>

### Penalty

<table>
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</thead>
<tbody>
<tr>
<td>Severity Justification</td>
<td>Electrocut; death. Severe shock</td>
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<tr>
<td>Probability</td>
<td>Greater</td>
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<tr>
<td>Probability Justification</td>
<td>live wire electrical hazard located in a walkway under a protective weather canopy.</td>
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<tr>
<td>Number of Times Repeated</td>
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</tr>
<tr>
<td>Gravity</td>
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<tr>
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<td>Abatement Status</td>
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<td>Date Abated</td>
<td>Date Verified</td>
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<tr>
<td>Documentation Required?</td>
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</tr>
<tr>
<td>Abatement Completed</td>
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</tr>
<tr>
<td>Description:</td>
<td>Enclose energized electrical conductor in an approved cabinet.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MultiStep Abatement</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Type/Other Type</td>
<td>Days to abate</td>
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<table>
<thead>
<tr>
<th>Employee Exposure</th>
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<tbody>
<tr>
<td>Exposure Instance</td>
<td>No. Exposed</td>
<td>Employer</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>GREEN MOUNTAIN DAIRY FARM, LLC</td>
<td></td>
<td>[Redacted]</td>
</tr>
<tr>
<td>GREEN MOUNTAIN DAIRY FARM, LLC</td>
<td></td>
<td>Megan Rowell</td>
</tr>
<tr>
<td>GREEN MOUNTAIN DAIRY FARM, LLC</td>
<td></td>
<td>William Rowell</td>
</tr>
<tr>
<td>GREEN</td>
<td></td>
<td>Brian Root</td>
</tr>
</tbody>
</table>
20. Instance Description: A. Hazard  B. Equipment  C. Location  D. Injury/Illness  E. Measurements

a) Hazards-Operation/Condition-Accident: The employer did not provide protection for employees from accidental exposure to energized, electrical conductors in a highly travelled pathway in front of the farm Administrative Building.

b) Equipment: sanitation/cleaning chemicals, wheelbarrow, buckets, shovels, milking equipment

c) Location: The Administrative Building

d) Injury/Illness (and Justifications for Severity and Probability):

Severity: High; permanent disability, irreversible illness - electrocution

Probability: Greater; The energized electrical conductor was located in a high traffic area under a protective weather canopy protecting the entrance to the Administrative Building

e) Measurements: pictorial measurements, discovery interviews of employee & the Owner/Operator.

23. Employer Knowledge: Yes, this electrical hazard was in plain sight in high traffic area.

24. Comments: Severity Assessment

(X): High: Death, permanent disability, irreversible illness.

(): Med: Temp reversible injuries / illness, hospitalization, limited disability.

(): Low: Temp reversible injuries / illness, no hospitalization.

(): Mini: Other than serious violation.

Probability Assessment

I. Number of employees 9 Many employees
II. Frequency of exposure 9 Frequent
III. Employees proximity 7 Proximal
IV. Stress / conditions 3 Low
V. Other
Total: 28

Average: 6+

() 1-5 = lesser / (x) 6-10 = Greater.

25. Other Employer Information:
**Violation Worksheet**

**Print Date:** 01/09/2018

<table>
<thead>
<tr>
<th>Establishment Name</th>
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<tr>
<td><strong>DBA Name</strong></td>
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<td><strong>Type Of Violation</strong></td>
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<td><strong>Item/Group</strong></td>
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<td><strong>Special Enforcement?</strong></td>
<td>Employer's Relationship to Hazard All</td>
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<tr>
<td><strong>Standard</strong></td>
<td>1910.1200(e)(1)(i)</td>
</tr>
<tr>
<td><strong>Substance Codes</strong></td>
<td>Iodine, Phosphoric Acid, Sulfuric Acid, Zinc Chloride Furne, Sodium Hypochlorite</td>
</tr>
<tr>
<td><strong>Photo/Video Number</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Alleged Violation Description</strong></td>
<td>29 CFR 1910.1200(e)(1)(i): Employers shall develop, implement, and maintain at each workplace, a written hazard communication program which at least describes how the criteria specified in paragraphs (f), (g), and (h) of this section for labels and other forms of warning, safety data sheets, and employee information and training will be met, and which also includes a list of the hazardous chemicals known to be present using a product identifier that is referenced on the appropriate safety data sheet (the list may be compiled for the workplace as a whole or for individual work areas). Location: Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont Violation: This employer did not develop and implement a written hazard communication program that included a comprehensive list of the hazardous chemicals known to be present in the workplace using a product identifier that is referenced on the appropriate safety data sheet (SDS) for each hazardous chemical.</td>
</tr>
<tr>
<td><strong>Recommended Abatement Action</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Penalty**

| **Severity** | High |
| **Severity Justification** | Potential loss of eye sight due to daily use of corrosive liquids w/o training for chemical safety and available PPE nor an eyewash |
| **Probability** | Greater |
| **Probability Justification** | Daily use of corrosive liquids. |

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<tr>
<th><strong>Number of Times Repeated</strong></th>
<th><strong>Gravity</strong></th>
<th><strong>Gravity based Penalty</strong></th>
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<th><strong>History</strong></th>
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<th><strong>Calculated Penalty</strong></th>
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<tr>
<td>Abatement Documentation Required?</td>
<td>Yes</td>
<td>Date Verified</td>
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<tr>
<td>Abatement Completed Description:</td>
<td>SDSs need replace MSDSs where needed to update chemical safety information to GHS specifications to augment the creation of this company’s, written hazard communications plan that needs to be completed.</td>
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</table>

### MultiStep Abatement

<table>
<thead>
<tr>
<th>Type/Other Type</th>
<th>Days to abate</th>
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<th>Completed(status)</th>
<th>Verify Date</th>
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### Employee Exposure

<table>
<thead>
<tr>
<th>Exposure Instance</th>
<th>No. Exposed</th>
<th>Employer</th>
<th>Name and Address Telephone Numbers</th>
<th>Duration</th>
<th>Frequency</th>
<th>Proximity</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>GREEN MOUNTAIN DAIRY FARM, LLC</td>
<td>[redacted] VT</td>
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</tr>
</tbody>
</table>

20. **Instance Description:** A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

a) **Hazards—Operation/Condition-Accident:** The employer did not did not develop and implement a written hazard communication program to protect employees from the harmful effects of hazardous chemicals through direct training and knowledge resources related to farm sanitation & milk production activities such as 1) sanitizing animal body parts and stables/walkways and; 2) cleaning bovine milking equipment for milk harvesting (at a minimum).

b) **Equipment:** sanitation/cleaning chemicals, wheelbarrow, buckets, shovels, milking equipment

c) **Location:** Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont

d) **Injury/Illness (and Justifications for Severity and Probability):** Severity: High; permanent disability, irreversible illness - 1st and/or 2nd and/or 3rd degree burns, Loss of eye sight

    Probability: Greater; The corrosive sanitizers are manually dispensed & used daily in farm operations

e) **Measurements:** Pictorial documentation, discovery interviews of the Owner/Operating Manager and the Site Foreman.

23. **Employer Knowledge:** Yes, the SDSs and the manufacturer s labels for the products used to disinfect for
sanitation purposes in the dairy barns provide adequate information to recognize these chemical hazards. Corrosive sanitizers are a known occupational hazard in the dairy and food processing industry(s).

24. **Comments:** The hazard is that employees were not trained or aware of the chemical hazards for the chemicals that they were being exposed that could lead to physical injuries or illness caused by corrosive liquids.

Severity Assessment

(x): High: Death, permanent disability, irreversible illness.

(): Med: Temp reversible injuries / illness, hospitalization, limited disability.

(): Low: Temp reversible injuries / illness, no hospitalization.

(): Mini: Other than serious violation.

Probability Assessment

I. Number of employees 9 Many employees
II. Frequency of exposure 8 Daily
III. Employees proximity 9 With in danger zone
IV. Stress / conditions 3 Low
V. Other

Total: 29
Average: 6

() 1 - 5 = lesser / (X) 6 - 10 = Greater.

25. **Other Employer Information:**
Copper Advanced

Safety Data Sheet

SECTION 1: Identification of the substance/mixture and of the company/undertaking

1.1. Product identifier

Product name: Copper Advanced

1.2. Identification of the supplier(s) and manufacturer of the substance/mixture

Name of the supplier: BANCO INDUSTRIES, INC.
Address: 1819 N. Talbott Street
Phone: 312-360-6210
Fax: 312-637-2025

1.3. Details of any suppliers of the safety data sheet

Banco Industries, Inc.
1819 N. Talbott Street
Phone: 312-360-6210
Fax: 312-637-2025

1.4. Emergency telephone number

Emergency number: 24 Hour Contact: CHEMTREC 1-800-424-9300

SECTION 2: Hazards identification

2.1. Classification of the substance or mixture

Classification:

Signal word: Danger

Hazard statements (GHS-US):

- H228: Danger, Causes serious eye damage
- H315: Causes skin irritation
- H319: Causes eye irritation
- P234: Wear protective gloves and other protective clothing (i.e., rubber boots, protective workwear, etc.) when handling.
- P280: Wear protective gloves and other protective clothing (i.e., rubber boots, protective workwear, etc.) when handling.
- P273: Avoid spill contamination. Put spill material into non-flammable solvent.
- P274: Avoid ingestion and in contact with skin.
- P275: Avoid breathing dust. Remove contaminated clothing and wash before reuse.
- P281: Keep out of the reach of children.

2.2. Other hazards

Strong corrosive to eyes. Contains sulfur and is known to cause exposure. This classification does not apply to the ingredients listed below.

2.4. Unknown reactivity data (GHS-US)

hazard of the ingredients in the mixture with unknown toxicity.

6G510716

Page 1
<table>
<thead>
<tr>
<th>Establishment Name</th>
<th>GREEN MOUNTAIN DAIRY FARM, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA Name</td>
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</tr>
<tr>
<td>Type Of Violation</td>
<td>Serious</td>
</tr>
<tr>
<td>Number Exposed</td>
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</tr>
<tr>
<td>Special Enforcement?</td>
<td>1910.1200(h)(3)</td>
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<tr>
<td>Standard</td>
<td>Iodine, Phosphoric Acid, Sulfuric Acid, Zinc Chloride Fume, Sodium Hypochlorite</td>
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<tr>
<td>Alleged Violation Description</td>
<td>29 CFR 1910.1200(h)(3): Training. Employee training shall include at least:</td>
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<tr>
<td></td>
<td>29 CFR 1910.1200(h)(3)(i): Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);</td>
</tr>
<tr>
<td></td>
<td>29 CFR 1910.1200(h)(3)(ii): The physical, health, simple asphyxiation, combustible dust, and pyrophoric gas hazards, as well as hazards not otherwise classified, of the chemicals in the work area;</td>
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<tr>
<td></td>
<td>29 CFR 1910.1200(h)(3)(iii): The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and,</td>
</tr>
<tr>
<td></td>
<td>29 CFR 1910.1200(h)(3)(iv): The details of the hazard communication program developed by the employer, including an explanation of the labels received on shipped containers and the workplace labeling system used by their employer; the safety data sheet, including the order of information and how employees can obtain and use the appropriate hazard information.</td>
</tr>
<tr>
<td>Location</td>
<td>Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont</td>
</tr>
<tr>
<td>Violation</td>
<td>The employer did not train all employees regarding the new label elements and safety data sheets format by December 1, 2013.</td>
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</table>

**Recommended Abatement Action**

**Penalty**

<table>
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<tr>
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<tbody>
<tr>
<td>Severity Justification</td>
<td>Potential loss of eye sight due to a lack of training and constructive knowledge regarding corrosive liquids</td>
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<tr>
<td>Probability</td>
<td>Greater</td>
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<tr>
<td>---------------------</td>
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<tr>
<td>Probability Justification</td>
<td>Daily use of hazardous chemicals</td>
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<tr>
<td>Number of Times Repeated</td>
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<tr>
<td>Gravity</td>
<td>High</td>
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**Abatement Details**

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<td>Abatement Completed Description:</td>
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**MultiStep Abatement**

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**Employee Exposure**

<table>
<thead>
<tr>
<th>Exposure Instance</th>
<th>No. Exposed</th>
<th>Employer</th>
<th>Name and Address Telephone Numbers</th>
<th>Duration</th>
<th>Frequency</th>
<th>Proximity</th>
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<tbody>
<tr>
<td></td>
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</table>

20. **Instance Description:**

a) **Hazard**

b) **Equipment:** sanitation/cleaning chemicals, wheelbarrow, buckets, shovels, milking equipment

c) **Location:** Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont

d) **Injury/Illness (and Justifications for Severity and Probability):** Severity: High; permanent disability,
sanitation purposes in the dairy barns provide adequate information to recognize these chemical hazards. Corrosive sanitizers are a known occupational hazard in the dairy and food processing industry(s).

24. **Comments:** The hazard is that employees were not trained or aware of the chemical hazards for the chemicals that they were being exposed that could lead to physical injuries or illness caused by corrosive liquids.

**Severity Assessment**

(x): High: Death, permanent disability, irreversible illness.

(·): Med: Temp reversible injuries / illness, hospitalization, limited disability.

(·): Low: Temp reversible injuries / illness, no hospitalization.

(·): Minor: Other than serious violation.

**Probability Assessment**

I. Number of employees  9  Many employees

II. Frequency of exposure  8  Daily

III. Employees proximity  9  With in danger zone

IV. Stress / conditions  3  Low

V. Other

Total: 29
Average: 6

1-5 = lesser / (x) 6-10 = Greater.

25. **Other Employer Information:**
# Violation Worksheet

**Print Date:** 01/09/2018  
**Inspection Number:** 1277495  
**Opt. Insp. Number:** 001-18

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<td>DBA Name</td>
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<td>Type Of Violation</td>
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<td>Employer's Relationship to Hazard</td>
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<td>Photo/Video Number</td>
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**Alleged Violation Description:**

29 CFR 1910.134(c)(1): In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use.

Location: Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont

Violation: The employer did not ensure to establish and implement a written respiratory protection program with worksite-specific procedures where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer.

**Recommended Abatement Action:**

**Penalty**

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**Number of Times Repeated**

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**Proposed Penalty Justification:**
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MultiStep Abatement

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<th>User entered Abatement Due Date</th>
<th>Completed(status)</th>
<th>Verify Date</th>
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Employee Exposure

<table>
<thead>
<tr>
<th>Exposure Instance</th>
<th>No. Exposed</th>
<th>Employer</th>
<th>Name and Address Telephone Numbers</th>
<th>Duration</th>
<th>Frequency</th>
<th>Proximity</th>
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<tbody>
<tr>
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<td></td>
<td>GREEN MOUNTAIN DAIRY FARM, LLC</td>
<td>Brian Root</td>
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<td>Home:</td>
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20. Instance Description: A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

a) Hazards-Operation/Condition-Accident: The employer did not establish and implement a written respiratory protection program with worksite-specific procedures for employees exposed to ambient, hazardous chemicals or for employees allowed to use elastomeric respirators voluntarily.

b) Equipment: Elastomeric respirators given to employees, sanitation/cleaning chemicals, wheelbarrow, buckets, shovels, milking equipment

c) Location: Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont

d) Injury/Illness (and Justifications for Severity and Probability):

Severity: De minimus; respirators were observed by CSHO Callan in active use onsite w/o a clear ambient hazard identified during the VOSHA inspection other than when manually dispensing corrosive materials into secondary containers.
Probability: Lesser; The corrosive sanitizers are manually dispensed & used daily in farm operations

e) Measurements: Pictorial documentation, discovery interviews of the Owner/operator and the Site Foreman..

23. Employer Knowledge: Yes, the SDSs and the manufacturer's labels for the products used to disinfect for sanitation purposes in the dairy barns provide adequate information to recognize when respiratory protection would be required when employees use these chemical.

Corrosive sanitizers are a known occupational hazard in the dairy and food processing industry(s).

24. Comments: The hazard is that employees were not trained or aware of the site chemical hazards and how to protect their respiratory tract from ambient hazardous chemicals with respiratory protection equipment (respirators) or an adequate engineered control for ambient chemical hazard(s).

Note #1 - On November 08, 2017, CSHO Callan inquired regarding the use of respiratory protection and the use of ear plugs and safety glasses, etc. to ensure employee protection from health and physical hazards. Mr. Rowell stated that nitrile exam gloves and elastomeric respirators were provided for use. Employees and managers were unaware of the requirements of this standard to obtain medical evaluations & yearly fit tests for mandatory use of elastomeric respirators for employees.

The active use of safety equipment was not enforced nor was there training provided for the proper use of safety equipment to support effective protection from chemical & physical exposures to known to managers onsite.

CSHO Callan noted that respirators in storage in the Veterinary Room were soiled with manure residue and dirt. One employee observed using a respirator onsite was not afforded a medical evaluation nor a yearly fit test.

Severity Assessment

(): High: Death, permanent disability, irreversible illness.
(): Med: Temp reversible injuries / illness, hospitalization, limited disability.
(): Low: Temp reversible injuries / illness, no hospitalization.
(X): Mini: Other than serious violation.

Probability Assessment

I. Number of employees 5 Some employees
II. Frequency of exposure 6 three days/wk
III. Employees proximity 9 With in danger zone
IV. Stress / conditions 3 Low

V. Other

Total: 23

Average: 5

() 1-5 = lesser / (x) 6-10 = Greater

25. Other Employer Information:
Copper Advanced
Safety Data Sheet
according to Federal Register / Vol. 77, No. 68 / Monday, March 26, 2012 / Rules and Regulations

Packing group (DOT)
DOT Special Provisions (49 CFR 172.102)

IIB - Authorized IBs: Metal (31A, 31B and 31N); Rigid plastics (31H1 and 31H2); Composite (31H1 and 31H2, 31H2, 31HN2, 31H2D and 31H4F). Additional Requirements: Only liquids with vapor pressure less than or equal to 110 kPa at 50 °C (1.1 bar at 22 °F), or 150 kPa at 55 °C (3.3 bar at 131 °F) are authorized, except for UN2872 (also see Special Provision P8 in Table 2 for UN2872)

T7 - 4 178.275(d)(2) Normal.......................... 178.275(d)(3)
TPI - The maximum degree of filling must not exceed the degree of filling determined by the following: Degree of filling = 97/11 + a (fr-1) Where: t is the maximum mean bulk temperature during transport, and fr is the temperature in degrees celsius of the liquid during filling.

TP28 - A portable tank having a minimum test pressure of 2.65 bar (355 kPa) may be used provided the calculated test pressure is 2.65 bar or less based on the MAWP of the hazardous material as defined in 178.275 of this subchapter, where the test pressure is 1.5 times the MAWP.

DOT Packaging Exceptions (49 CFR 173.100)
DOT Packaging Non-Bulk (49 CFR 173.100)
DOT Packaging Bulk (49 CFR 173.100)
DOT Quantity Limitations: Passenger Aircraft (49 CFR 173.27)
DOT Quantity Limitations Cargo Aircraft only (49 CFR 173.75)
DOT Vessel Stowage Location

A - The material may be stowed "on deck" or "under deck" on a cargo vessel and on a passenger vessel.

40 - Stow "clear of living quarters"

DOT Vessel Stowage Other

Additional information
ADR
No additional information available

Transport by sea
No additional information available

Air transport
No additional information available

SECTION 15: Regulatory Information
15.1. U.S. Federal Regulations

Sulfuric acid, copper(2+) salt (1:1), pentahydrate (7758-89-8)
SARA Section 311/312 Hazard Classes
SARA Section 313 - Emission Reporting

Delayed (chronic) health hazard Immediate (acute) health hazard
Copper Compounds

Sulfuric acid (7664-93-9)

Listed on the United States TSCA (Toxic Substances Control Act) Inventory
Listed on the United States SARA Section 302
Listed on United States SARA Section 313

SARA Section 302 Threshold Planning Quantity (TPQ)
1000

SARA Section 313 - Emission Reporting
1.0% deminimis (acid aerosols including mist, vapors, gas, fog, and other airborne forms of any particulate size)

15.2. International Regulations

CANADA

Sulfuric acid, copper(2+) salt (1:1), pentahydrate (7758-98-8)
WHMIS Classification
Class D Division 2 Subdivision B - Toxic material causing other toxic effects

Sulfuric acid (7664-93-9)

Listed on the Canadian DSL (Domestic Substances List)
WHMIS Classification
Class D Division 1 Subdivision A - Very toxic material causing immediate and serious toxic effects
Class E - Corrosive Material

08/02/2015
EN (English US)
PERSONAL PROTECTIVE EQUIPMENT

COMPLIANCE GUIDE

PRESENTED BY

safe state

A Confidential Consulting Service by The University of Alabama

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Box 870388 ∗ Martha Parham West ∗ Tuscaloosa, Alabama 35487-0388
1-800-452-5928 ∗ FAX 205-348-9286

These guidelines are intended to provide information to employers working toward compliance with certain provisions of Subpart I of 29 CFR 1910. This information is not considered a substitute for any of the aforementioned provisions. This guide was derived from OSHA standards and interpretations.
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GETTING STARTED WITH YOUR HAZARD ASSESSMENT ............................................ 3
SAMPLE HAZARD ASSESSMENT - OVERVIEW ................................................................. 5
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ASSIGNING EQUIPMENT AND TRAINING YOUR EMPLOYEES .................................... 9
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APPENDICES

Appendix A - OSHA Interpretation Document
PERSONAL PROTECTIVE EQUIPMENT GUIDE

INTRODUCTION

OSHA’s standards for the selection and use of personal protective equipment (PPE) in the workplace are contained in Subpart I of the General Industry Standards, 29 CFR 1910. Originally derived from ANSI standards issued in the late sixties, OSHA saw the need to modify these workplace requirements to reflect the current technology and improvements in PPE. On July 5, 1994, a final rule became effective which updated the standards to be more consistent with the later editions of ANSI standards. These revised standards provide guidelines for the selection and use of PPE as well as performance-oriented requirements, where appropriate. One principal performance requirement is a certified written Hazard Assessment of the workplace. From this Hazard Assessment, the employer would then select the appropriate PPE for a given hazard.

This process of Hazard Assessment, as required by 1910.132(d), is the focus of this resource document. We hope to offer ideas and suggestions to management seeking compliance with certain programmatic aspects of the personal protective equipment standard. The guidelines presented here are primarily derived from the appendices of Subpart I.

Excluded from consideration are the requirements of 1910.134 - Respiratory Protection and 1910.95 - Occupational Noise (Hearing Conservation). Guidance for complying with those standards may be found in other documents, "Respiratory Protection Guidelines" and "Hearing Conservation Program", also available from Safe State.

To make the best use of these materials, it is suggested that you first become familiar with the requirements of Subpart I. We also suggest that you coordinate your efforts with a Safe State consultant as part of an onsite survey to help identify workplace hazards.
OVERVIEW OF 29 CFR 1910, Subpart I

Subpart I of the General Industry Standards actually consists of many separate-but-related standards, all pertaining to personal protective equipment. They are:

- 1910.132 - General Requirements
- 1910.133 - Eye and Face Protection
- 1910.134 - Respiratory Protection
- 1910.135 - Head Protection
- 1910.136 - Foot Protection
- 1910.137 - Electrical Protective Equipment
- 1910.138 - Hand Protection

Standards 1910.133 through 1910.138 outline OSHA's specific criteria for PPE acceptability, i.e. selected equipment must meet minimum standards of performance per ANSI, ASTM, NIOSH, or other widely-recognized consensus standards. OSHA may provide you with some very specific information on how to select PPE, as in 1910.137 - Electrical Protective Equipment, or 1910.133 - Eye and Face Protection. By contrast, 1910.138 - Hand Protection - is much shorter and more broadly worded. To ensure compliance, employers are advised to obtain technical information on glove selection from the manufacturers or other recognized sources such as NIOSH, professional journals, publications, etc. Appendix B of Subpart I also offers more specific guidance on how to comply with various aspects of the Personal Protective Equipment standard.

OSHA standard 1910.132 - General Requirements - requires employers to assess the workplace to determine if hazards are present or if they are likely to be present. Based on this determination, the employer must select, and have each affected employee use, the types of PPE that will protect against identified hazards. PPE must properly fit each affected employee and the hazard assessment must be "certified" as such, in writing. Damaged or defective equipment must never be used in the workplace.

This standard also specifies minimum training which must be provided to each employee. Employees must understand when it is necessary to use PPE, what equipment is required, how to use or wear it, how to care for it, how to know when the equipment has reached the end of its useful life and how to dispose of PPE. At the conclusion of training, OSHA mandates that employees must be capable of demonstrating their knowledge and skill in the use of PPE. Failing that, retraining would be required. For more information on these issues refer to the training section of this guide and to Paragraph (f) of 1910.132.
GETTING STARTED WITH YOUR HAZARD ASSESSMENT

A recent addition to the OSHA Personal Protective Equipment Standard is a non-mandatory
guideline for conducting Hazard Assessments. Found in Appendix B of Subpart I, this guideline
suggests that a Hazard Assessment should include, at a minimum, an evaluation of the following
seven hazard categories:

1. **Impact/Collision** - (i.e. sources of motion hazards) Identify processes where the
   movement of tools, machine elements, etc. may injure employees. Impact/Collision
   sources could involve:
   - Moving machine elements
   - Moving or automated tools
   - Motorized truck or other vehicular activity
   - Flying particulate materials
   - Personnel traffic in congested areas
   - Objects placed on elevated surfaces
   - Falling or dropped materials
   - Breakable/shatterable materials
   - Unstable/unsecured equipment or materials
   - Tasks involving impact
   - Heavy or oversized items handled or transported
   - Low overhead clearance zones

2. **Penetration** - Identify sources which may expose employees to penetration hazards.

Penetration sources could involve:

   - Power and impact tools
   - Sharp or breakable materials
   - Sharp-edged equipment
   - Cutting tools
   - Compressed air
   - Flying particulates
   - Animal, insect hazards

3. **Compression** (i.e., rollover-type hazards) - Identify rolling or pinching sources which
   would most likely involve the feet or hands. Compression hazard sources could involve:

   - Rounded or tubular materials
   - Stacked materials
   - Vehicular activity
   - Falling/dropped materials

4. **Chemical** - Identify various types of chemical exposures which may cause external and
   internal bodily damage. Sources of chemical hazards could involve:

   - Flammable materials
   - Acid/alkali materials
   - Poison/toxic materials
- Carcinogenic materials
- Irritating substances
- Sources of splashing or aerosols
- Skin-absorptive substances
- Chemically-treated materials being handled
- Gases used/generated
- Sources of heating/combustion
- Sensitizing agents
- Hot work
- Dipping processes
- Chemical mixing

5. **Heat** - Identify high temperature sources that could result in burns, eye injury or ignition of clothing, PPE, etc. Hazards arising from heat sources could involve:

   - Hot work
   - Heated chemicals or water
   - Heat treating processes
   - Open flames or heated elements
   - Molten materials
   - Extrusion/heat forming processes
   - Heat build-up from friction, electrical resistance, etc.

6. **Harmful Dust** - Identify sources of dust hazards which could result in injury to the respiratory system or pose other systemic hazards. Sources of harmful dust could involve:

   - Grinding/chipping operations
   - Sanding/polishing operations
   - Cutting operations
   - Blasting
   - Molding processes
   - Compressed air usage
   - Animal/biological sources
   - Raw materials in particulate form

7. **Light (Optical) Radiation** - Identify sources of light radiation which could result in injury to the eyes and/or other exposed areas of the body. Sources of light (optical) radiation hazards could involve:

   - Hot work operations (welding, brazing, etc.)
   - Furnaces
   - Heat treating
   - High intensity lights
   - High glare
   - Lasers
   - Curing processes involving light energy
It should be noted that your PPE Hazard Assessment would not necessarily be limited to the areas listed above. For example, operations involving the use of non-visible light, or perhaps energy from electrical sources, etc. would also be included in your Hazard Assessment if these sources are present in your workplace. The full range of hazards to be included in the Assessment would be expected to vary from workplace to workplace.

Other important factors to be considered in your Hazard Assessment would include:

* Previous Accident Experience - Including near-miss incidents, do your records demonstrate a need for personal protective equipment? Does your accident analysis take the use or absence of PPE into consideration? What are management policies regarding the use of PPE? Are disciplinary measures taken when employees fail to use PPE? Bear in mind that the absence of prior accident experience may have little or no bearing on your prospects for avoiding accidents in the future.

* Layout of Work Area - Is the layout of your workplace such that employees are working closer to hazard sources than is necessary? Is unauthorized traffic in hazardous areas a potential problem? Distance is a mitigating factor in reducing the opportunity for employees to become "involved" with hazardous sources. Is congestion a problem and, if so, how might that be relieved?

* Engineering Out the Hazards - Personal protective equipment may be expected to work within certain limitations. Aside from the physical limitations of these devices (ability to resist impact, prevent penetration, etc.) there is a performance limitation which was alluded to earlier. For PPE to do its job, your employees must remember to use it whenever needed. By engineering out the hazards, issues like this may be avoided altogether. Engineering solutions may include process redesign, guards, barriers, spatial redesign, ventilation, personnel or machine enclosures, etc.

SAMPLE HAZARD ASSESSMENT - OVERVIEW

As mentioned before, Paragraph (d) of the PPE General Requirements Standard, 1910.132, states that employers must "assess the workplace to determine if hazards are present or are likely to be present". Information gathered during this assessment would then be used to determine where PPE is needed or where it needs to be improved. In this section, you will find a Sample Hazard Assessment Form. It is provided as one example of how management might go about assessing hazards and PPE needs, as well as other types of employee protection (such as engineering and administrative controls). You need not feel confined to utilize this particular format. The performance-oriented nature of this standard gives employers great flexibility in performing these assessments. Entries on this Sample Hazard Assessment include:

Work Area: This may vary considerably, depending on the scope of your assessment. For small, low hazard workplaces, the work area may be the entire facility. In most
cases, it is expected that the work area covered by the Assessment may need to be subdivided by department. For work areas with many varied processes and potential hazards, the focus may need to be confined to specific processes within a department. Example - The "Work Area" may be a "Maintenance Shop".

**Job:**

For many reasons, looking closely at each individual job is regarded as the preferred method of analyzing potential workplace hazards. Enter the job being evaluated in this blank. Continuing our example, the "Job" may be "Maintenance Technician".

**Hazardous Location:**

This describes the specific work station being evaluated. This format assumes that there will be multiple locations in the work area to be considered. Back to our example; the "Hazardous Location" in the Maintenance Shop may include a "welding station", "drill press", "grinder", and "degreaser".

**Hazard Type:**

This describes the nature of the hazards associated with each location. For example, at the "welding station", we may expect Hazard Types to include "light radiation" (including UV), "heat", and "chemical" hazards.

**Body Parts Exposed to Hazard:**

Identify parts of the body most likely exposed to the hazard sources listed.

**Prior Injuries/Complaints:**

Indicate whether the hazards under review have already resulted in employee injuries or illnesses. This information is useful in helping to assess the degree of hazard severity and urgency. The absence of injury data should not be regarded as an indication of a non-hazardous condition.

**Estimated Injury/Illness Risk:**

Based on the nature of the hazards, the parts of the body affected, the severity of potential injuries, and prior accident data, the employer would estimate the risk of employee injury/illness to each hazard source.

**PPE Required:**

Indicate where PPE would be required to protect employees from each hazard source.
PPE Description:

Briefly describe the PPE to be selected and used for protection to each identified hazard source, as applicable.

Other Controls Needed:

Indicate whether engineering controls are needed to control the hazards identified by this assessment. Remember that PPE would need to be used by employees until engineering controls are installed and their effectiveness at removing/controlling the hazard is verified.
# SAMPLE HAZARD ASSESSMENT FORM

**Department:** ____________________________  

**Job:** ____________________________  

**Evaluator Name:** ____________________________  

**Date:** ____________

<table>
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<tr>
<th>Tasks</th>
<th>Hazard Type</th>
<th>Estimated Injury/Illness Risk</th>
<th>Body Parts Exposed to Hazards</th>
<th>Prior Injury/Complaints</th>
<th>PPE Required</th>
<th>PPE Description</th>
<th>Other Controls Needed</th>
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SAMPLE HAZARD ASSESSMENT FORM

Department: ___________________________  Date: ____________

Job: ___________________________  Evaluator Name: ___________________________

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<th>Tasks</th>
<th>Hazard Type</th>
<th>Estimated Injury/ Illness Risk</th>
<th>Body Parts Exposed To Hazards</th>
<th>Prior Injury/ Complaints</th>
<th>PPE Required</th>
<th>PPE Description</th>
<th>Other Controls Needed</th>
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ASSIGNING EQUIPMENT AND TRAINING YOUR EMPLOYEES

Under Subpart I, employees must be trained to know, at a minimum, the following:

(a) When PPE is necessary;
(b) What PPE is necessary;
(c) How to don, remove, adjust and wear PPE;
(d) Limitation of the PPE; and,
(e) Proper care, maintenance, useful life and disposal of PPE.

Information accumulated by your Hazard Assessment will be important in addressing requirements (a) and (b). You will also need to use information from PPE manufacturers and your in-house inspections to fully address the remaining elements.

OSHA will expect each trained employee to be capable of demonstrating their understanding of the training material and their ability to use the PPE prior to being assigned to tasks for which PPE is required. To have a successful training program, you need to set measurable training objectives. You should plan to test your employees' knowledge and abilities and document the results. If an employee fails to demonstrate proficiency and understanding on the subjects listed above, he/she must be retrained until satisfactory results are obtained. Only at that time may that employee be permitted to work in areas where PPE is required.

Retraining may also be required when (1) changes in the workplace render obsolete any previous training, (2) changes in the types of PPE to be used renders previous training obsolete or (3) there is evidence of any type which indicates that employees have not retained the knowledge and abilities required by this standard. A written certification must be maintained of your training activity. A sample training and PPE specifications form is attached for your guidance.
INDIVIDUAL RECORD OF ASSIGNED PERSONAL PROTECTIVE EQUIPMENT (PPE)

Employee Name: ___________________________  Job: ___________________________

Department: ___________________________  Trainer: ___________________________

<table>
<thead>
<tr>
<th>ASSIGNED PPE</th>
<th>SPECIFICATIONS</th>
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<th>Training Date</th>
<th>Topic</th>
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<tr>
<td></td>
<td>Information and training on when to use PPE to protect against workplace hazards.</td>
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<td>Information and training on the specific types of PPE available for use.</td>
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<tr>
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<td>How to put on, take off, adjust, and wear PPE.</td>
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<tr>
<td></td>
<td>Limitations of PPE provided.</td>
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<tr>
<td></td>
<td>Care, maintenance, useful life and disposal of PPE.</td>
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Employee Statement:

I have attended training provided by my employer on the topics and dates listed above and have been given the opportunity to demonstrate my understanding of these topics and to demonstrate my ability to use the personal protective equipment provided to me.

__________________________  ___________________________
Employee Signature  Date

Employer/Trainer Statement:

I certify that the employee named on this individual record has demonstrated adequate proficiency and understanding of the topics listed above.

__________________________  ___________________________
Employer/Trainer  Date
SAMPLE SUMMARY STATEMENT OF CERTIFICATION

Company Name: Green Mountain Dairy Farm

Location: 

On the following date(s), ______________, a comprehensive assessment of workplace hazards requiring the use of Personal Protective Equipment, as required by 29 CFR 1910.132(d) of the OSHA General Industry Standards, was conducted at this facility. The information accumulated from this assessment has been evaluated and, where required, appropriate personal protective equipment has been issued to affected employees.

The person(s) responsible for performing this assessment:

<table>
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<tr>
<th>Printed Name</th>
<th>Job Title or Affiliation</th>
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As management representative for this facility, I certify that this Hazard Assessment has been conducted.

<table>
<thead>
<tr>
<th>Employer Representative</th>
<th>Job Title</th>
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</table>
PERSONAL PROTECTIVE EQUIPMENT - FAQ

Q. If I document my employee training on PPE, will that protect me against being cited by OSHA?

A. Not necessarily. Just documenting that you have trained an employee is not a guarantee of compliance, for PPE or any other training-required standard. That is why OSHA has specifically stipulated in Paragraph (f)(4) of 1910.132 that employers verify the adequacy of their training efforts by getting the employees to demonstrate their understanding. OSHA's philosophy is that whenever an employee is observed performing his or her job in an unsafe manner, some lack of training (or lack of understanding of training) is often the root cause of the problem. Testing your employees and getting them to demonstrate their ability to use and care for PPE reinforces their learning experience and gives you some sense of where they sit on the learning curve.

Q. What do they mean by "Limitation of the PPE"?

A. If you have ever looked in a good catalogue of safety equipment, you will notice that there is a huge variety of PPE on the market and not all PPE is created equal.

Some types of PPE are simply not appropriate for use in certain situations. For instance, let's say you have maintenance employees working in a shop area where they have been assigned to wear ANSI-approved safety glasses with side shields for protection against flying particles generated at various grinding machines. One of these employees is called away to work in a treating area where dip tanks are located. Assigned PPE in the treating area consists of chemical-protective splash goggles. If your maintenance employee entered the treating area wearing his safety glasses, his eyes would be potentially exposed to mists or splashes of highly irritating chemicals. In this case, he should have been more aware of the "limitations" of his safety glasses and recognized that he should have donned protective goggles prior to entering the treating area.

Some limitations are imposed by incompatibilities of barrier material with chemical agents. Chemical resistant gloves, suits, etc. are rated on the ability to prevent contact with special types of chemicals. This performance is usually rated in terms of "breakthrough times", that is how long it takes for a particular chemical to pass through a particular barrier material under test conditions.

This kind of information should be obtained from manufacturers (or from other reputable sources of technical information such as NIOSH, OSHA, etc.) and used to determine (a) What types of barrier materials are best suited for working with a specific chemical (or combination of chemicals); (b) How long you can possibly expect the barrier material to remain effective (i.e., determining the "useful life"); and, (c) What types of barrier materials are ineffective for protection. For instance, according to one source, butyl rubber will protect hands for more than 8 hours of contact with the chemical formaldehyde; however, natural rubber gloves will provide less than 1 hour of protection against the same chemical. Depending on anticipated usage and frequency of glove changeout, this information should be considered when selecting optimal protection.
Q. Who pays for PPE? Can I provide PPE to my employees at a reasonable charge or require them to go purchase PPE?

A. In some cases, you may be able to do that, but more often than not, the employer will bear the cost of providing PPE. This seems to be particularly true of PPE which has no other useful application outside of the workplace. OSHA has issued a position statement on this question and we have included that memo in Appendix A of this document.

Q. If our employees work with heavy materials which could possibly cause, say, foot injuries - but we have never had any of these injuries in the past - do we have to provide foot protection?

A. According to the guidelines provided by OSHA in Appendix B of the PPE standards, injury/accident data should be reviewed to help identify problem areas. In this case, it would appear that prior experience is not a factor which suggests the use of foot protection. OSHA also says, however, that you must protect employees from hazards which are "likely to be present". It seems that your analysis should perhaps evaluate such issues as (1) What are the weights involved? (2) What would be the maximum falling distance and force transferred to the foot if materials were dropped? (3) What would be the likely outcome? (4) Have your employees experienced any "near-miss" incidents? (5) Is there something about your method of materials handling which correlates to your good record and is this something that you can ensure will always be in place? This is all part of evaluating risk and the decisions that you make can have great impact on your success with preventing future accidents.

Q. Must all eye protective devices be equipped with side protectors?

A. No, not in all situations. However, side protectors are required when it is determined (through the hazard assessment) that there is a hazard from flying objects.

Q. May side protection be detachable?

A. Yes. Detachable side protectors (i.e., clip-on or slide-on side shields) are permitted if they meet pertinent requirements of 1910.133.

Q. Is it okay to wear contact lenses with eye protection?

A. Yes. OSHA believes that contact lenses do not pose additional hazards to the wearer. However, it is important to note that contact lenses are not eye protective devices.
Q. Since PPE manufacturers are not required to obtain third party certification that their equipment has been tested in accordance with OSHA specifications, what should employers do when purchasing PPE?

A. Employers may request the manufacturer to document that the PPE has been tested to meet specified criteria and employers can determine if the PPE is marked as meeting the pertinent ANSI standard. For example, head protective equipment should be marked as meeting ANSI Z41.1. Many PPE manufacturers voluntarily obtain third party certification anyway, so when purchasing PPE, check beforehand to see if the equipment you seek has such certification.

Q. Does the Hazard Assessment have to be in writing?

A. Employers are required to verify that the 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.

Q. Many female employees have complained that they have to wear PPE that does not fit properly because PPE has been sized to fit only male employees. Is this situation going to continue?

A. No. One of the new requirements of the PPE standard is that employers must now select PPE that properly fits employees [per 1910.132(d)(1)(iii)]. PPE is now available in many different sizes and can be adjusted to many sizes (such as head protective devices). Even protective footwear is now available in sizes that will properly fit female employees.
MODEL RESPIRATORY PROTECTION PROGRAM

1.0 Purpose and Scope:

Engineering controls, such as ventilation and substitution of less toxic materials, are the first line of defense at Green Mountain Dairy Farm. However, engineering controls have not always been feasible for some of our operations, or have not always completely controlled the identified hazards. In these situations respirators, and other protective equipment must be used. Respirators are also needed to protect employees’ health during emergencies (include if applicable).

The purpose of this program is to ensure that all Green Mountain Dairy Farm employees are protected from exposure to respiratory hazards. This program applies to all employees who are required or voluntarily wear respirators. The exceptions are:

- Those employees voluntarily wearing tight-fitting respirators do not require fit-testing.
- Those employees who voluntarily wear filtering facepieces (dust masks) only need to be provided with a copy of Appendix D of 29 CFR 1910.134.

The areas requiring respirator use are listed in Table 1.

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<th>Respirator Type:</th>
<th>Affected Employees:</th>
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</thead>
<tbody>
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<td>(Names)</td>
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In addition, some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. As a general policy Green Mountain Dairy Farm will review each case. If the use of respiratory protection in a specific case will not jeopardize the health or safety of the workers, Green Mountain Dairy Farm will provide respirators for voluntary use. Areas where voluntary use of respirators is allowed is listed in Table 2.
Table 2. Voluntary Respirator Use

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Employees participating in the respiratory protection program do so at no cost to them. The expense associated with training, medical evaluations and respiratory protection equipment will be borne by the company.

2.0 Responsibilities:

Program Administrator -
The Program Administrator, Brian Rowell, owner or is designee is responsible for administering the respiratory protection program. Duties of the Program Administrator include:

- Identifying work areas, processes or tasks that require workers to wear respirators, and evaluating hazards.
- Selection of respiratory protection equipment.
- Monitoring respirator use to ensure that respirators are used in accordance with their certifications.
- Arranging for and/or conducting training.
- Ensuring proper storage and maintenance of respiratory protection equipment.
- Ensuring fit testing is done.
- Administering the medical surveillance program.
- Maintaining records required by the program.
- Evaluating and updating the program.

Supervisors:

Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by employees under their supervision. They shall coordinate with the Program Administrator on concerns with employee respirator use.

Employees:

Employees have the responsibility to wear their respirator when and where required and in the manner in which they were trained, care for their respirator as instructed and inform their supervisor or Program Administrator if they have concerns about the respirator fit or protection that the respirator offers.
3.0 Selection Procedures:

**Hazard Assessment:** Exposure monitoring to quantify potential hazardous exposures was conducted on __________ by __________________________. The results of the hazard evaluation are listed in Attachment A.

The Program Administrator will select respirators to be used on site, based upon exposure monitoring results, the hazards to which workers are exposed, and in accordance with pertinent OSHA standards. All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all filters, cartridges and canisters must be labeled with the appropriate NIOSH approval label.

The Program Administrator must revise and update the hazard assessment any time work process changes may potentially affect exposure. If an employee feels that respiratory protection is needed, they must contact the Herd Manager or Brian Rowell. If it is determined that respiratory protection is needed, all other elements of this program will be in effect and the program will be accordingly updated.

4.0 Medical Evaluation:

Employees who are either required to wear respirators, or voluntarily choose to wear a tight-fitting air purifying respirator, must pass a medical evaluation before being permitted to wear a respirator on the job. Employees are not permitted to wear these respirators until a physician or other licensed health care professional (PLHCP) has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring or allowing voluntary respirator use, except those who voluntarily use dust masks. **Dr. Susan Carroll** will administer the employee medical evaluation requirements as required in the OSHA respirator standard. **Dr. Carroll** will implement the medical evaluation program and provide a written medical determination to Brian Rowell or his designee and to the employee. The written medical determination must describe that the affected employee is physically suitable to work in a respirator under conditions as stated by the employer.

A list of employees currently included in medical surveillance is provided in Attachment B of this program.

5.0 Fit Testing:

*(Not required if respirators used for voluntary use only)*

Fit testing is required for employees required to wear tight fitting facepiece type respirators. Fit testing will not be done until employees pass a medical evaluation. Employees are not permitted to wear tight fitting respirators if they have any condition that prevents them from achieving a good face seal. Fit testing will be done by **Dr. Carroll**. Fit testing will be done annually and when there are changes in the employees physical condition that could affect the fit.
Fit testing in accordance with type of will be conducted based upon the OSHA approved protocol in Appendix A of the Respiratory Protection standard.

Fit test records will be maintained for one year, or until next fit test is administered. An example of a fit test record is located in Attachment C.

All employees will conduct a user seal check each time they wear their respirator. They will use the positive or negative pressure check according to Appendix B-1 of the Respiratory Protection standard.

6.0 Emergency Procedures: *(Include if applicable)*

The following areas have been identified as having foreseeable emergencies requiring respirator use:

*Foot baths*

Emergency Respirators are located: *(Note specific locations).*

IDLH* Procedures: *(Include if applicable).*

The Program Administrator has identified the following areas in Table 3 as conditions for a potential IDLH environment:

**Table 3. Respirator Use in IDLH Environments**

<table>
<thead>
<tr>
<th>IDLH Locations:</th>
<th>Authorized People to Enter:</th>
<th>Respirator To Be Used:</th>
<th>Rescue Personnel:</th>
<th>Rescue Equipment/Respirator:</th>
<th>Emergency Contact:</th>
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7.0 Air Quality for Supplied Air Respirators: *(Include if applicable).*

For supplied air respirators, only Grade D breathing air will be used. ______________ will coordinate deliveries of compressed air with the company's vendor ______________. There will be a minimum of one fully charged replacement cylinder for each supplied air respirator unit.

The Program Administrator will ensure compressed breathing air meets the requirements of Type 1- Grade D breathing air. Testing will be done _______ by ____________. Test results are maintained by the Program Administrator. *(Name and job title)* is responsible for maintenance of in-line sorbent beds and filters, and will note on the attached tag their signature and change dates.

* IDLH = Immediately Dangerous to Life or Health

8.0 RESPIRATOR CARE:

Employees may leave the work area to maintain their respirator, which includes cleaning the respirator, changing filters or cartridges, or inspecting and replacing parts. Employees will take care of their respirators as follows:

**Cleaning:**

Respirators are to be regularly cleaned and disinfected at milk room. Atmosphere supplying and emergency use respirators are to be cleaned and disinfected after each use *(if applicable)*. Procedures to be used when cleaning and disinfecting respirators are according to *(use Appendix B-2 and/or manufacturer's recommendations)*.

**Maintenance:**

Respirators are to be properly maintained at all times in order to ensure they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to regulators and alarms of atmosphere supplying respirators will be conducted by the manufacturer.

Changing and Inspection Procedures are listed in Attachment D. A copy is given to each effected employee.
Change Schedule:

Employees wearing air purifying respirators or powered air purifying respirators for protection against particulates shall change the cartridges on their respirators when they first begin to experience difficulty breathing.

Employees wearing air purifying respirators with vapor or gas cartridges shall change the cartridges according to Table 4. The respirator cartridge change schedule is based upon [Name of Company] hazard assessment (see Attachment A), and consultation with the respirator manufacturer.

<table>
<thead>
<tr>
<th>Department:</th>
<th>Job/Process:</th>
<th>Respirator/Cartridge:</th>
<th>Frequency Change:</th>
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9.0 TRAINING:

The Program Administrator will provide training to respirator users and their supervisors prior to respirator use. The training course will cover:

- Green Mountain Dairy Respiratory Protection Program.*
- OSHA Respiratory Protection standard.*
- Respiratory hazards encountered at Green Mountain Dairy and their health effects (part of the Hazard Communication training).
- Proper selection and use of respirators.
- Limitations of respirators.
- Respirator donning and user seal checks.
- Fit testing.
- Emergency use procedures (if applicable).
- Maintenance and care.
- Medical signs and symptoms limiting the effective use of respirators.

Employees will be retrained annually or more frequently if needed (i.e. if they change departments or need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands on exercises. Respirator training will be documented by the Program Administrator. Training records will indicate subject matter, employee name, date of training and trainer.

* A written copy of this program and the OSHA standard is kept Herd Managers Office/Breakroom and is available to all employees who wish to review it.
10.0 PROGRAM EVALUATION:

The Program Administrator will conduct periodic evaluations of the workplace to ensure the provisions of this program are being implemented. The evaluations will include regular consultations twice a year with employees who use respirators and their supervisors, site inspections, air monitoring, review of all records and other factors required by the OSHA respirator standard. Changes will be noted in the written program, signed and dated by the Program Administrator.

11.0 RECORDKEEPING:

The program administrator shall maintain copies of training and fit testing records. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

The completed medical questionnaire and the physician’s documented findings are confidential and will remain at Green Mountain Dairy. Brian Rowell will only retain the physician’s written recommendation regarding each employee’s ability to wear a respirator.
ATTACHMENT A

AIR MONITORING RESULTS

<table>
<thead>
<tr>
<th>Department:</th>
<th>Contaminant:</th>
<th>Exposure Level</th>
<th>PEL:*</th>
<th>Controls:**</th>
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<tr>
<td></td>
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<td>8-Hour TWA:</td>
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* If no PEL is available, a recommended level is given.

** List engineering controls such as type of ventilation in use, administrative controls such as limiting employee exposure to number of hours per shift, and type of respirator in use; as applicable.
### ATTACHMENT B

### EMPLOYEE IN MEDICAL EVALUATION

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Process/Respirator Used:</th>
<th>Date of Medical Evaluation:</th>
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</table>
**ATTACHMENT C**

**FIT TEST RECORD**

Name: ____________________________
Department: ______________________
Date: ____________________________
Type of Test Conducted: ________________
Test Instructor: _____________________

<table>
<thead>
<tr>
<th>Respirator type and model/size</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
</table>

Unusual Conditions:

- Facial Hair __
- Glasses _____
- Missing Dentures _____
- Facial scars ______
- Other PPE worn ____ Note type__________________

Employee Signature: __________________________

Note: Attach print out of quantitative fit test results.
ATTACHMENT D

(Give copy to affected employees)

CLEANING:

1. Remove respirator in an area designated free of respiratory hazards.
2. Disassemble respirator, removing any filters, canisters or cartridges.
3. Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.
4. Rinse completely in clean warm water.
5. Wipe the respirator with disinfectant wipes (70% isopropyl alcohol) to kill germs.
6. Air dry in a clean area.
7. Reassemble the respirator and replace any defective parts.
8. Store cartridges, filters or canisters separate from the facepiece.
9. Place in a clean, dry plastic bag or other air tight container labeled with employee’s name.
10. Store so the respirator remains in natural position.

INSPECTION:

Facepiece -
   Cracks, tears, or holes
   Facemask distortion
   Cracked or loose lenses or faceshield

Headstraps -
   Breaks or tears
   Broken buckles

Valves -
   Residue or dirt
   Cracks or tears in valve material

Filters or Cartridges -
   Approval designation
   Gaskets
   Cracks or dents in housing
   Proper cartridge for hazard

Air Supply Systems -
   Breathing air quality/grade checked
   Condition of supply hoses
   Hose connections
   Setting on regulators and valves

respir4.doc 12/08/98
July 12, 2018

Green Mountain Dairy Farm, LLC  
P.O. Box 86  
Highgate Center, VT 05459

Re: VOSHA Inspection No. 1277495

Dear Mr. Rowell,

The VOSHA office is in receipt of all abatements pertaining to the above referenced inspection number, as well as the payment in full. The case has been reviewed and determined to be in compliance. The Department has closed the inspection as of 07/12/2018.

Thank you for your efforts in safety and health. In the event you have any questions, please feel free to call me at 802-828-5084 or email me at dan.whipple@vermont.gov

Sincerely,

Daniel A. Whipple  
VOSHA Manager
GREEN MOUNTAIN DAIRY FARM, LLC
FO. BOX 86
HIGHGATE CTR., VT 05459
PH: 802-668-2623

PAY TO THE ORDER OF VT Dept. of Labor

One Thousand Six Hundred Forty and 00/100******************************DOLLARS

VT Dept. of Labor
VOSHA
PO Box 488
Montpelier, VT 05601-0488

MEMO Settlement - Inspection #1277495

GREEN MOUNTAIN DAIRY FARM, LLC
HIGHGATE CTR., VT 05459
VT Dept. of Labor

7/9/2018

1,640.00

RECEIVED
JUL 11 2018
VOSHA

Checking Account Settlement - Inspection #1277495 1,640.00
GREEN MOUNTAIN DAIRY FARM, LLC
P.O. BOX 86
HIGHGATE CTR., VT 05459
PH: 802-866-2823

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GREEN MOUNTAIN DAIRY FARM, LLC
HIGHGATE CTR., VT 05459
VT Dept. of Labor

1,640.00
Green Mountain Dairy Farm, LLC  
P.O. Box 86  
Highgate Ctr., VT 05459

Fax Transmittal Form

To:  
Name: Dan Whipple
Company:  
Subject:  
Phone No:  
Fax No: 1-802-228-0408

From:  
Rolande Panded  
Phone: 802-868-2823
Fax: 802-868-5460
Date sent: 03/19/18
Number of pages including cover page: 6

Urgent For Review Please Comment Please Reply

Message:

Please find our attendance for Friday's safety meeting and the Green Mountain Dairy Farm company policy.

Thanks, Bill Powell
Safety Meeting

Understanding the use of Safety Data Sheets

Discuss the different sections.

Discuss pictograms and how to understand their meaning and importance.

Employee attendance

Print Name  Signature

Person(s) conducting meeting

Print Name  Signature

Bill Powell  Bill Powell
GREEN MOUNTAIN DAIRY LLC. COMPANY POLICY

Our mission is to efficiently produce the highest quality milk in a clean and comfortable environment for both cows and employees. We will strive to milk all cows in consistent uniform manner and to achieve the highest quality premiums for our food product (milk).
Rules of Conduct, Disciplinary Action and Dismissal

At Green Mountain Dairy, we intend to produce high quality milk and high producing contented cattle, while maintaining good relations with our community. Our employees are expected to conduct themselves in a manner that enhances the professional image of our business and to show respect and consideration for their fellow co-workers. In order to accomplish this objective, Green Mountain Dairy cannot tolerate the following behaviors. If guidelines below happen, employee will be subject to a payroll deduction.

1. Being in possession of or under the influence of alcohol or illegal drugs while on the properties of Green Mountain Dairy.

2. Deliberate physical/verbal abuse of humans or animals.

3. Careless or inefficient performance of duty.

4. Failure to report promptly to your supervisor and on-the-job injury or accident involving and employee, visitor, farm equipment or farm property. This rule is necessary for workmen’s compensation insurance. See attached form.

5. Deliberate destruction of farm property.

6. Unauthorized changing of the time clock for yourself or another employee.

7. Absence without proper notification to supervisor, excessive absenteeism, and/or insufficient reason for being absent.

8. Insubordination, including refusal or failure to perform assigned duties/tasks.

9. Sleeping while on duty.

10. Fighting on farm premises.

11. Intimidation or harassment of other employees or management.

12. Uses of loud or vulgar language in the presence of animals or people.

13. Theft of farm property, property of other employees, or property of neighbors.

14. No call or no show for work, or walk off job before completed.

15. Refusal to sign a written disciplinary action.

16. Lying, blaming other employees.
The above are examples of possible reason for disciplinary actions; other reasons may also qualify. If disciplinary action is to be taken, the following steps will be followed:

**First offense:** The employee will receive a verbal discussion on the offense violated. The employee will be asked for their signature as proof of this violation along with the first offense of $25.00 payroll deduction for that week.

**Second offense:** The employee will receive a verbal discussion on the offense violated. The employee will be asked for their signature as proof of this violation along with the second offense of $50.00 payroll deduction for that week.

**Third offense:** Employment at Green Mountain Dairy will be terminated.

We hope that as a team, we can work together to ensure such problems don’t arise. However, if an employee’s actions jeopardize the safety and well-being of himself, our staff or our animals and detract from the professional conduct of our business, it is important that we all understand what procedures will be taken.

The owners of Green Mountain Dairy hope that you will find your works to be both challenging and rewarding. We encourage you to come to us if you have questions or problems with your job. We will do our best to work out a solution that is satisfactory to everyone. If you like working here, tell others. If you have a problem, tell us!

**Pay Schedule**

Each employee will receive his/her paycheck every Friday. Social security, medicare, federal and state tax will be deducted.

**If you find an error on your paycheck, we will be happy to correct it.**

Paychecks are not to be picked up until noon on Fridays.
Attendance/Personal Days/Holidays

Attendance is expected each day that you are scheduled to work. If unable to work or you will be arriving late or leaving early, it is your responsibility to notify the dairy as soon as possible so arrangements can be made for someone else to fill in for you. If you know in advance that you will be absent and you know who usually fills in for you, it would be considerate to check with them too. Treat your co-workers the way you want them to treat you! Repeated absenteeism and tardiness are inexcusable; it places an added burden on the other staff members. Excessive absenteeism is reason for termination.

Vacation

It is the policy of Green Mountain Dairy that vacations time is necessary for family well-being and to "recharge your batteries." We encourage you to use your vacation time.

Each employee will receive one week of paid vacation (40 hrs) after two years of full time service is completed (on the anniversary of your first day of work), and two weeks of paid vacation (80 hrs) after five years of employment is completed on the anniversary date.

*When planning a vacation, you must inform management, a minimum of three weeks in advance.

Part-time Employees

Part-Time employees are not eligible for benefits, medical or paid vacation. Also, if a part-time employee is planning to go on vacation, please inform management at least three weeks ahead so we can schedule someone else for the job.
Hi [redacted] and Brian, Please find a model respiratory protection program. This actually came from Project WorkSAFE and is better than the one I use.

Distracted Driving kills and injures many workers each year. Distracted driving can include driving while using electronic devices, driving while tired, reading, grooming or anything that takes attention away from the task. For more information on distracted driving please visit https://www.cdc.gov/niosh/motorvehicle/topics/distracteddriving/default.html or http://www.agcvt.org/project-roadsafe/
MODEL RESPIRATORY PROTECTION PROGRAM

1.0 Purpose and Scope:

Engineering controls, such as ventilation and substitution of less toxic materials, are the first line of defense at (Company Name). However, engineering controls have not always been feasible for some of our operations, or have not always completely controlled the identified hazards. In these situations respirators, and other protective equipment must be used. Respirators are also needed to protect employees' health during emergencies (include if applicable).

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In addition, some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. As a general policy (Company Name) will review each case. If the use of respiratory protection in a specific case will not jeopardize the health or safety of the workers, (Company Name) will provide respirators for voluntary use. Areas where voluntary use of respirators is allowed is listed in Table 2.
**Table 2. Voluntary Respirator Use**

<table>
<thead>
<tr>
<th>Department/Process:</th>
<th>Chemical Exposure:</th>
<th>Respirator Type:</th>
<th>Affected Employees:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Names)</td>
</tr>
</tbody>
</table>

Employees participating in the respiratory protection program do so at no cost to them. The expense associated with training, medical evaluations and respiratory protection equipment will be borne by the company.

**2.0 Responsibilities:**

**Program Administrator** -
The Program Administrator, *(name and job title)*, is responsible for administering the respiratory protection program. Duties of the Program Administrator include:

- Identifying work areas, processes or tasks that require workers to wear respirators, and evaluating hazards.
- Selection of respiratory protection equipment.
- Monitoring respirator use to ensure that respirators are used in accordance with their certifications.
- Arranging for and/or conducting training.
- Ensuring proper storage and maintenance of respiratory protection equipment.
- Ensuring fit testing is done.
- Administering the medical surveillance program.
- Maintaining records required by the program.
- Evaluating and updating the program.

**Supervisors:**

Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by employees under their supervision. They shall coordinate with the Program Administrator on concerns with employee respirator use.

**Employees:**

Employees have the responsibility to wear their respirator when and where required and in the manner in which they were trained, care for their respirator as instructed and inform their supervisor or Program Administrator if they have concerns about the respirator fit or protection that the respirator offers.
3.0 Selection Procedures:

Hazard Assessment: Exposure monitoring to quantify potential hazardous exposures was conducted on [date], by [company and persons conducting air monitoring]. The results of the hazard evaluation are listed in Attachment A.

The Program Administrator will select respirators to be used on site, based upon exposure monitoring results, the hazards to which workers are exposed, and in accordance with pertinent OSHA standards. All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all filters, cartridges and canisters must be labeled with the appropriate NIOSH approval label.

The Program Administrator must revise and update the hazard assessment any time work process changes may potentially affect exposure. If an employee feels that respiratory protection is needed, they must contact [name who employee should report to]. If it is determined that respiratory protection is needed, all other elements of this program will be in effect and the program will be accordingly updated.

4.0 Medical Evaluation:

Employees who are either required to wear respirators, or voluntarily choose to wear a tight-fitting air purifying respirator, must pass a medical evaluation before being permitted to wear a respirator on the job. Employees are not permitted to wear these respirators until a physician or other licensed health care professional (PLHCP), [name, title, address and phone number of PLHCP to be used] has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring or allowing voluntary respirator use, except those who voluntarily use dust masks.

[Name of Program Administrator] will administer the employee medical evaluation requirements as required in the OSHA respirator standard. [Name of PLHCP] will implement the medical evaluation program and provide a written medical determination to [Program Administrator] and to the employee. The written medical determination must describe that the affected employee is physically suitable to work in a respirator under conditions as stated by the employer.

A list of employees currently included in medical surveillance is provided in Attachment B of this program.

5.0 Fit Testing:

[Not required if respirators used for voluntary use only]

Fit testing is required for employees required to wear tight fitting facepiece type respirators. Fit testing will not be done until employees pass a medical evaluation. Employees are not permitted to wear tight fitting respirators if they have any condition that prevents them from achieving a good face seal. Fit testing will be done by [name and title]. Fit testing will be done annually and when there are changes in the employees physical condition that could affect the fit.
(List type of fit test procedures according to type of respirator) will be conducted based upon the OSHA approved protocol in Appendix A of the Respiratory Protection standard.

Fit test records will be maintained for one year, or until next fit test is administered. An example of a fit test record is located in Attachment C.

All employees will conduct a user seal check each time they wear their respirator. They will use the positive or negative pressure check according to Appendix B-1 of the Respiratory Protection standard.

6.0 Emergency Procedures: (Include if applicable)

The following areas have been identified as having foreseeable emergencies requiring respirator use:

(List areas where unexpected releases of chemical spill could occur. List affected employees).

When (note emergency warning: alarms, intercom, lights) employees in the affected area must immediately don their emergency respirator, shut down their process equipment and (either exit or respond) to the area. All other employees must immediately evacuate the area. Further details on this procedure are outlined in (Company’s Name) Emergency Action Plan.

Emergency Respirators are located: (Note specific locations).

IDLH* Procedures: (Include if applicable).

The Program Administrator has identified the following areas in Table 3 as conditions for a potential IDLH environment:

<table>
<thead>
<tr>
<th>Table 3. Respirator Use in IDLH Environments</th>
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<tbody>
<tr>
<td>IDLH Locations:</td>
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</table>


7.0 Air Quality for Supplied Air Respirators: (Include if applicable).

For supplied air respirators, only Grade D breathing air will be used. The (Name and Job title) will coordinate deliveries of compressed air with the company’s vendor (name of vendor and phone number). There will be a minimum of one fully charged replacement cylinder for each supplied air respirator unit.

The Program Administrator will ensure compressed breathing air meets the requirements of Type 1- Grade D breathing air. Testing will be done (frequency) by (name and job title). Test results are maintained by the Program Administrator. (Name and job title) is responsible for maintenance of in-line sorbent beds and filters, and will note on the attached tag their signature and change dates.

* IDLH = Immediately Dangerous to Life or Health

8.0 RESPIRATOR CARE:

Employees may leave the work area to maintain their respirator, which includes cleaning the respirator, changing filters or cartridges, or inspecting and replacing parts. Employees will take care of their respirators as follows:

Cleaning:

Respirators are to be regularly cleaned and disinfected at (note location). Atmosphere supplying and emergency use respirators are to be cleaned and disinfected after each use (if applicable). Procedures to be used when cleaning and disinfecting respirators are according to (use Appendix B-2 and/or manufacturer’s recommendations). (Note whom and job title - Program Administrator or Supervisor) will ensure an adequate supply of appropriate cleaning and disinfecting material will be available at (note location).

Maintenance:

Respirators are to be properly maintained at all times in order to ensure they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to regulators and alarms of atmosphere supplying respirators will be conducted by the manufacturer.

Changing and Inspection Procedures are listed in Attachment D. A copy is given to each effected employee.
Change Schedule:

Employees wearing air purifying respirators or powered air purifying respirators for protection against particulates shall change the cartridges on their respirators when they first begin to experience difficulty breathing.

Employees wearing air purifying respirators with vapor or gas cartridges shall change the cartridges according to Table 4. The respirator cartridge change schedule is based upon (Name of Company) hazard assessment (see Attachment A), and consultation with the respirator manufacturer.

<table>
<thead>
<tr>
<th>Table 4. Cartridge Change Schedule</th>
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<tbody>
<tr>
<td>Department:</td>
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9.0 TRAINING:

The Program Administrator will provide training to respirator users and their supervisors prior to respirator use. The training course will cover:

- (Name of Company) Respiratory Protection Program.*
- OSHA Respiratory Protection standard.*
- Respiratory hazards encountered at (Name of Company) and their health effects (part of the Hazard Communication training).
- Proper selection and use of respirators.
- Limitations of respirators.
- Respirator donning and user seal checks.
- Fit testing.
- Emergency use procedures (if applicable).
- Maintenance and care.
- Medical signs and symptoms limiting the effective use of respirators.

Employees will be retrained annually or more frequently if needed (i.e. if they change departments or need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through (hands on exercises and/or a written test). Respirator training will be documented by the Program Administrator. Training records will indicate subject matter, employee name, date of training and trainer.

* A written copy of this program and the OSHA standard is kept (note location) and is available to all employees who wish to review it.

10.0 PROGRAM EVALUATION:
The Program Administrator will conduct periodic evaluations of the workplace to ensure the provisions of this program are being implemented. The evaluations will include regular consultations (note frequency - i.e. during safety committee’s walkthrough inspections) with employees who use respirators and their supervisors, site inspections, air monitoring, review of all records and other factors required by the OSHA respirator standard. Changes will be noted in the written program, signed and dated by the Program Administrator.

11.0 RECORDKEEPING:

The program administrator shall maintain copies of training and fit testing records. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

The completed medical questionnaire and the physician’s documented findings are confidential and will remain at (name of medical office). (Company’s name or Program Administrator) will only retain the physician’s written recommendation regarding each employee’s ability to wear a respirator.
### AIR MONITORING RESULTS

<table>
<thead>
<tr>
<th>Department</th>
<th>Contaminant</th>
<th>Exposure Level</th>
<th>PEL:*</th>
<th>Controls:**</th>
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<td>8-Hour TWA:</td>
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* If no PEL is available, a recommended level is given.

** List engineering controls such as type of ventilation in use, administrative controls such as limiting employee exposure to number of hours per shift, and type of respirator in use; as applicable.
<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Process/Respirator Used:</th>
<th>Date of Medical Evaluation:</th>
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</table>
ATTACHMENT C

FIT TEST RECORD

Name: ________________________________
Department: __________________________
Date: ________________________________
Type of Test Conducted: ________________
Test Instructor: _______________________

Respirator type and model/size Pass Fail

Unusual Conditions:

Facial Hair _____
Glasses _____
Missing Dentures _____
Facial scars _____
Other PPE worn _____ Note type ______________________

Employee Signature: __________________

Note: Attach print out of quantitative fit test results.
ATTACHMENT D

(Give copy to affected employees)

CLEANING:

1. Remove respirator in an area designated free of respiratory hazards.
2. Disassemble respirator, removing any filters, canisters or cartridges.
3. Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.
4. Rinse completely in clean warm water.
5. Wipe the respirator with disinfectant wipes (70% isopropyl alcohol) to kill germs.
6. Air dry in a clean area.
7. Reassemble the respirator and replace any defective parts.
8. Store cartridges, filters or canisters separate from the facepiece.
9. Place in a clean, dry plastic bag or other air tight container labeled with employee’s name.
10. Store so the respirator remains in natural position.

INSPECTION:

Facepiece -

5. Cracks, tears, or holes
   Facemask distortion
   Cracked or loose lenses or faceshield

Headstraps -

   Breaks or tears
   Broken buckles

Valves -

   Residue or dirt
   Cracks or tears in valve material

Filters or Cartridges -

   Approval designation
   Gaskets
   Cracks or dents in housing
   Proper cartridge for hazard

Air Supply Systems -

   Breathing air quality/grade checked
   Condition of supply hoses
   Hose connections
   Setting on regulators and valves
Green Mountain Dairy Farms  3/9/15

Attn: Brian Rowell, Bill Rowell

Explained process: - Employer has meetings once per week.

- CI Item 1 - Need to have documented, will send forms to use.

- CI Item 1(b) - Employer provided photo of eyewash, abated.

- CI Item 2 - Employer sufficiently repaired photo provided, abated.

* CI Item 3(a) - Employer did have program but forgot to get it to John. Delete citation.

CI Item 3(b) - Employer did train but wasn't formal. Employer will conduct training on SDS's and provide signoff sheet. Reclassify as OTS #0.000

C2 Item 1 - Provide a program.
Statement will include documenting program, training employees and
exams.
Good afternoon Bill and Brian, here is a really good PPE tool to use in assessing your PPE needs. On page 9 is an actual assessment form that is practically the same as the one I use. I went ahead and printed it off so you can have it and make copies. This would take care of abatement of Citation 1 Item 1(a).

Distracted Driving kills and injures many workers each year. Distracted driving can include driving while using electronic devices, driving while tired, reading, grooming or anything that takes attention away from the task. For more information on distracted driving please visit https://www.cdc.gov/niosh/motorvehicle/topics/distracteddriving/default.html or http://www.agcvt.org/project-roadsafe/
## SAMPLE HAZARD ASSESSMENT FORM

### Department: ____________________________   Date: _____________

### Job: ____________________________   Evaluator Name: ____________________________

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Hazard Type</th>
<th>Estimated Injury/ Illness Risk</th>
<th>Body Parts Exposed To Hazards</th>
<th>Prior Injury/ Complaints</th>
<th>PPE Required</th>
<th>PPE Description</th>
<th>Other Controls Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Low</td>
<td>Med</td>
<td>High</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
March 9, 2018

In the Matter of: Green Mountain Dairy Farm, LLC

VOSHA Inspection Number(s): No. 1277495

Informal Settlement Agreement

The undersigned Employer and the undersigned Vermont Occupational Safety and Health Administration (VOSHA), in the settlement of the above citation(s) and penalties which were issued on 02/13/2018, hereby agree as follows:

1. The employer agrees to correct the violations as cited in the above citation(s) or as amended below.

2. The employer agrees to pay the proposed penalties, if any, as issued with the above-referenced citations(s), or, if amended by this agreement, as amended below. It is further agreed that payment of the amended penalty will be made within 15 days of this agreement or in accordance with a negotiated penalty payment plan. Default will cause penalty modifications to be considered null and void and the penalty due will revert to the original amount of $11,409.00

3. The employer and VOSHA agree that the following citations and penalties (if any) are not being amended by this agreement: None

4. VOSHA agrees that the following citations and penalties are being amended as shown: (See Attached)

5. The Employer, by signing this informal settlement agreement, hereby waives its rights to contest the above citation(s) and penalties, as amended in paragraph four of this agreement.

6. Each party hereby agrees to bear its own fees and other expenses incurred by such parties in connection with any steps of this proceeding.

7. The employer agrees to immediately post a copy of this settlement agreement in a prominent place at or near the location of the violation(s) referred to in paragraphs three and four above. This settlement agreement must remain posted until the violations have been corrected or for three working days (excluding federal/state holidays and weekends) whichever is longer.
8. The employer agrees to continue to comply with the applicable provisions of the Occupational Safety and Health Act of 1970 and any rules adopted by the Vermont State Legislature pursuant to this act or any federal rules adopted pursuant to this act.

9. The citation is deemed amended to include any abatement measures, including agreements as to actions to be taken by the employer, which are described in this paragraph: NOTE:

- Citation 1 Item 1(a); VOSHA Manager will provide employer with form to use when conducting evaluations for the purpose of personal protective equipment (PPE). VOSHA agrees to reduce this penalty from $3,803.00 to $2,280.00

- Citation 1 Item 1(b); Employer provided sufficient abatement of this citation. VOSHA agrees to reclassify as Other Than Serious with no penalty

- Citation 1 Item 2; Employer provided sufficient abatement of this citation. VOSHA agrees to reclassify citation as Other Than Serious and reduce the penalty from $3,803.00 to $1,000.00

- Citation 1 Item 3(a); Employer proved that a written HAZCOM program existed but misinformation caused them not to provide to the CSHO. VOSHA agrees to delete the citation

- Citation 1 Item 3(b); Employer agrees to hold a training for all employees in the use of Safety data Sheets (SDS) and provide VOSHA with a list for the training, VOSHA agrees to reclassify this citation as other than serious and delete penalty

- Citation 2 Item 1; VOSHA Manager will provide an example Respiratory Program to the employer. Employer agrees for abatement purposes, that they will institute the written program, identify employees required to use a respirator, and provide medical evaluations for those employees. Employer will provide statement to VOSHA when this is complete.

- VOSHA agrees to allow employer to make two payments of the total negotiated penalty of $3,280.00 to be outlined in a separate contract
NOTICE TO EMPLOYER

The law gives you or your representative the opportunity to object to any abatement date set for a violation if you believe the date to be unreasonable. Any contest to the abatement dates of the citations amended in paragraph four of this Settlement Agreement must be mailed to the Vermont Department of Labor - VOSHA, P.O. Box 488 Montpelier, VT 05601-0488, within 15 days (excluding federal/state holidays and weekends) of the receipt by the employer of this Settlement Agreement. You or your representative also have the right to object to any of the abatement dates set for violations referred to in paragraph three provided that the objection is mailed to the office shown above within the 15-working day period established by the original citation.
March 9, 2018

In the Matter of: Green Mountain Farms LLC

VOSHA Inspection Number(s): 1277495

Payment Schedule

WHEREAS Green Mountain Farms LLC has been indebted to the State of Vermont, by virtue of certain penalties imposed as a result of violations of the Vermont Occupational Safety and Health Act, 21 V.S.A. Sections 201 – 232., hereinafter referred as the VOSHA Act, and

WHEREAS it is the desire of the Commissioner of the Vermont Department of labor and said Green Mountain Farms LLC to facilitate the making of the payments herein acknowledged to be due without recourse to litigation,

NOW THEREFORE, to accomplish the payment of a penalty in the amount of $3,280, the said Green Mountain Farms LLC agrees to make two monthly payments of $1,640 each, by the following dates:

April 10, 2018
July 10, 2018

Green Mountain Farms LLC further understands that should it default in the payments as agreed to in the above paragraph, the full amount of $11,409 will be due.

[Signature]
Green Mountain Farms LLC

[Signature]
VOSHA

3-9-2018

Date

3/9/18

Date
Citation and Notification of Penalty

Company Name: GREEN MOUNTAIN DAIRY FARM, LLC
Inspection Site: 962 Morey Road Sheldon, VT 05483

Citation 1 Item 1a  Type of Violation: Serious

29 CFR 1910.132(d)(1): The employer shall 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: The Veterinary Room (at a minimum).

Violation: The employer did not ensure to assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE).

Date By Which Violation Must be Abated: February 26, 2018
Proposed Penalty: $3000.00

Citation 1 Item 1b  Type of Violation: Serious

29 CFR 1910.151(c): Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use. [63 FR 33450, June 18, 1998]

Location: The Veterinary Room (at a minimum).

Violation: The employer did not ensure to provide suitable facilities for quick drenching or flushing of the eyes and body for immediate emergency use where the eyes or body of any person may be exposed to injurious corrosive materials on Tuesday November 8, 2017.

Date By Which Violation Must be Abated: March 20, 2018
Proposed Penalty: $0.00

Citation 1 Item 2  Type of Violation: Serious

See pages 1 through 2 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
Citation and Notification of Penalty

Company Name: GREEN MOUNTAIN DAIRY FARM, LLC
Inspection Site: 962 Morey Road Sheldon, VT 05483

29 CFR 1910.308(g)(2)(i): Except as elsewhere required or permitted by this standard, live parts of electric equipment operating at 50 volts or more shall be guarded against accidental contact by use of approved cabinets or other forms of approved enclosures or by any of the following means:

29 CFR 1910.308(g)(2)(i)(A): By location in a room, vault, or similar enclosure that is accessible only to qualified persons;

29 CFR 1910.308(g)(2)(i)(B): By suitable permanent, substantial partitions or screens so arranged so that only qualified persons will have access to the space within reach of the live parts. Any openings in such partitions or screens shall be so sized and located that persons are not likely to come into accidental contact with the live parts or to bring conducting objects into contact with them;

Location: The Front Porch Canopy of the Administrative Building.

Violation: The employer did not ensure to provide approved cabinets or other forms of approved enclosures or alternative protections to guard against accidental employee contact of live parts of electric equipment operating at 50 volts or more.

Date By Which Violation Must be Abated: February 26, 2018
Proposed Penalty: $800.00

Citation 1 Item 3 a Type of Violation: Serious

29 CFR 1910.1200(e)(1)(i): Employers shall develop, implement, and maintain at each workplace, a written hazard communication program which at least describes how the criteria specified in paragraphs (f), (g), and (h) of this section for labels and other forms of warning, safety data sheets, and employee information and training will be met, and which also includes a list of the hazardous chemicals known to be present using a product identifier that is referenced on the appropriate safety data sheet (the list may be compiled for the workplace as a whole or for individual work areas).

See pages 1 through 2 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
Vermont Department of Labor
Vermont Occupational Safety and Health Administration

Inspection Number: 1277495
Inspection Date: 11/08/2017-11/08/2017
Issuance Date: 02/13/2018

Citation and Notification of Penalty

Company Name: GREEN MOUNTAIN DAIRY FARM, LLC
Inspection Site: 962 Morey Road Sheldon, VT 05483

Location: Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont

Violation: This employer did not develop and implement a written hazard communication program that included a comprehensive list of the hazardous chemicals known to be present in the workplace using a product identifier that is referenced on the appropriate safety data sheet (SDS) for each hazardous chemical.

Date By Which Violation Must be Abated: March 20, 2018
Proposed Penalty: $3963.00

Citation 1 Item 3 b  Type of Violation: Serious

29 CFR 1910.1200(h)(3): Training. Employee training shall include at least:

29 CFR 1910.1200(h)(3)(i): Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);

29 CFR 1910.1200(h)(3)(ii): The physical, health, simple asphyxiation, combustible dust, and pyrophoric gas hazards, as well as hazards not otherwise classified, of the chemicals in the work area;

29 CFR 1910.1200(h)(3)(iii): The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and,

29 CFR 1910.1200(h)(3)(iv): The details of the hazard communication program developed by the employer, including an explanation of the labels received on shipped containers and the workplace labeling system used by their employer; the safety data sheet, including the order of information and how employees can obtain and use the appropriate hazard information.

See pages 1 through 2 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
Citation and Notification of Penalty

Company Name: GREEN MOUNTAIN DAIRY FARM, LLC
Inspection Site: 962 Morey Road Sheldon, VT 05483

Location: Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont

Violation: The employer did not train all employees regarding the new label elements and safety data sheets format by December 1, 2013.

Date By Which Violation Must be Abated: February 26, 2018
Proposed Penalty: $0.00

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

29 CFR 1910.134(c)(1): In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use.

Location: Green Mountain Dairy Farm, LLC, 962 Morey Road, Sheldon Vermont

Violation: The employer did not ensure to establish and implement a written respiratory protection program with worksite-specific procedures where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer.

Date By Which Violation Must be Abated: March 20, 2018
Proposed Penalty: $0.00

Daniel A. Whipple
VOSHA Manager
Vermont Department of Labor
Occupational Safety and Health Administration
VOSHA.
P.O. Box 488
5 Green Mountain Drive
Montpelier, VT 05601
Phone: (802) 828-2765 Fax: (802) 828-0408

INVOICE/
DEBT COLLECTION NOTICE

Company Name: GREEN MOUNTAIN DAIRY FARM, LLC
Inspection Site: 962 Morey Road Sheldon, VT 05483
Issuance Date: 02/13/2018

Summary of Penalties for Inspection Number: 1277495

Citation 1 Item 1a, Serious
Citation 1 Item 1b, Serious
Citation 1 Item 2, Serious
Citation 1 Item 3a, Serious
Citation 1 Item 3b, Serious
Citation 2 Item 1, Other-than-Serious

TOTAL PROPOSED PENALTIES: $11409.00

$2790.00
$1000.00
$0.00
$3803.00
$0.00
$3816.00

To avoid additional charges, please remit payment promptly to the VOSHA office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: "VOSHA". Please indicate VOSHA's Inspection Number Number (indicated above) on the remittance. Please forward payment to:

Vermont Department of Labor
PO Box 488
Montpelier, VT 05601-0488

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

Daniel A. Whipple
VOSHA Manager

2/15/2018 Date
February 26, 2018

Dear VOSHA Manager, Sir or Madam,

Re: Inspection Number 1277495

I am writing to request an informal hearing, with either yourself or your designated agent, in order to present any evidence or points of view which may support an adjustment to the citation or penalties.

Sincerely

Brian P. Rowell
Owner
Green Mountain Dairy Farm  
962 Morey Road  
Sheldon, VT 05483

HAZARD COMMUNICATION STANDARD (29 CFR 1910.1200)  
WRITTEN PLAN

SECTION 1

1. Written Hazard Communication Program

The Written Hazard Communication Program contains the following:

1. An explanation of Green Mountain Dairy Farm’s procedures regarding Material Safety Data Sheets, including who is responsible for them.

2. An explanation of how Green Mountain Dairy Farm is complying with the labeling requirements of the HCS regulations. The program will designate a person to be in charge of labeling.

3. A description of the employee training program and who is responsible for it.

4. A file containing MSDS sheets of the hazardous chemicals that are known to be present in the work area.

5. A description of how Green Mountain Dairy Farm will inform employees about the hazards of "non-routine tasks".

6. An explanation of how Green Mountain Dairy Farm will inform other employers (such as contractors) about the hazardous chemicals that employees might be exposed to while working in Green Mountain Dairy Farm’s work area.

Sample HAZCOM Prgm employer had  
When inspection was conducted.
II. MATERIAL SAFETY DATA SHEETS. Refer to Sample in Section III

The HCS regulations require that all employers maintains a Material Safety Data Sheet ("MSDS") for EACH HAZARDOUS CHEMICAL IN THE WORKPLACE. Green Mountain Dairy Farm will designate one person to be in charge of maintaining an up-to-date file of MSDSs. This person will ensure that the MSDS kept on file for a chemical includes the latest health information regarding the chemical provided by the supplier.

Generally, we will receive an MSDS from our supplier when we purchase a hazardous chemical. If we have not received an MSDS for what we suspect is a hazardous chemical, then the person in charge of the MSDS file will request an MSDS from the supplier.

The MSDS file will be kept in a location that is readily accessible to employees while they are working. The MSDS files will be kept in the Supervisor's Office. The person in charge of the MSDS file will be ready in an emergency to supply information to employees away from the primary workplace.

Employees will be allowed free access to the MSDS file. We encourage our employees to familiarize themselves with the MSDSs for the chemicals they work with.

III. LABELING  Refer to sample in Section III

Under the new HCS regulations, every container that holds a hazardous chemical will have a label. This person will make certain that label information is kept up-to-date.

The label will include:

(1) The identity of the product found in the container. The product will be identified by the name used in the Material Safety Data Sheet:

(2) the name and address of the party providing the label, or the name and address of any other party that can provide information about the product; and

(3) warnings conveying the health hazards associated with the product. The specific adverse effects on health must be mentioned in the warning. An example is "Caution, Inhalation Can Cause Lung Cancer". Simply stating "Caution, Harmful If Inhaled" is not enough. Obviously, not all possible health hazards can be included on the label. This information can be found on the MSDS.
The regulations technically require you to label containers leaving the workplace even if they are owned by the customer. This may be difficult, but the regulations provide no exception.

CONTAINERS USED BY EMPLOYEES WITHIN THE WORKPLACE OR AT A JOB SITE WILL BE LABELED. The label must include:

(1) The identity of the product found in the container, as explained above; and

(2) warnings that convey the health hazards associated with the product, as explained above.

A limited labeling exception exists. When products are transferred into a temporary container by an employee and such container will be used and controlled solely by that employee during the work shift in which it is transferred, such temporary container need not be labeled.

IV. EMPLOYEE INFORMATION & TRAINING

The HCS regulations require that all employees set up employee information and training programs by May 23 1988. The most effective information and training program is one that combines oral and written materials.

A. We have designated someone to be responsible for employee information and training.

B. A training class is held annually by an instructor. At the class, the instructor will explain the Hazard Communication Program. Employees will sign an attendance sheet. This will be written proof to an OSHA inspector that you have conducted employee training.

C. We will continue the training and information program. This means that all new employees will be trained. In addition, training will be updated if employees are exposed to any new hazardous chemicals. Finally, employees will be trained before they are asked to do any "non-routine" tasks.

SECTION II

WRITTEN HAZARD COMMUNICATION PROGRAM

This document is designed to comply with the written program required for Federal OSHA 1910.1200. It will be made available to all affected employees and their designated
representatives. The purpose of this Program is to ensure that the hazards associated with all chemicals produced, consumed, or otherwise utilized within the workplace are communicated to the affected employee. The employee contact for answers to questions about this Hazard Communication Program is Brian Rowell or Brian Root.

**CHEMICAL INVENTORY**

A hazardous substance folder has been compiled for all hazardous materials present at the facility. This inventory will be updated as new products are introduced into the workplace.

The hazardous substance inventory folder is filed in the Supervisor's office and is updated by Brian Root.

**MATERIAL SAFETY DATA SHEETS**

Material Safety Data Sheets (MSDS) have been obtained for all substances listed in the Hazard Inventory. The MSDS file is kept in the Supervisor's office. These MSDS's are available for employees upon request at any time.

Brian Root will request Material Safety Data Sheets for each new product purchased.

Brian Root will request MSDS for locally purchased products.

If a shipment arrives and there is no MSDS in the location, Brian Root is to contact the supplier by phone to request one.

Brian Root will use similar procedure for locally purchased materials dealing directly with the supplier. If the supplier refuses to supply an MSDS, Brian Root is to contact Brian Rowell for follow up with regulatory agency if necessary.

**HAZARD DETERMINATION**

It will be the responsibility of Brian Root/Brian Rowell to determine the hazards associated with newly purchased products. This determination will be made prior to the introduction into the workplace. For most raw materials and consumable supplies, the manufacturer's MSDS will be relied upon to state the hazards of the materials. MSDS's received from suppliers will be reviewed for content and completeness. If necessary, Brian Root will contact the manufacturer for any missing information and will be assisted by Brian Rowell.
LABELING

Our policy is to arrange the purchase of products from a manufacturer or supplier who produces labels meeting all governmental regulations on merchandise shipped.

Incoming containers with proper labeling will not be defaced or removed. Shipments of hazardous materials will retain existing placards or warning labels until the material is completely removed from its container. Shipments which are received without proper labels will be segregated and not used until proper labeling can be obtained. Brian Root/Brian Rowell will monitor inbound products and notify the supplier of improperly labeled containers. Brian Root will follow-up to insure segregation, then secure and apply proper labels.

LOCATION HAZARD IDENTIFICATION

On farm hazard identification will consist of several components.

Hazard warnings and labeling will appear on containers of ingredients and Raw materials as received from suppliers.

We will retain existing warning labels on all shipments until the materials are removed from their containers.

Hazard warnings and labels will be placed on bulk storage tanks.

TRAINING

The Hazard Communication Training Program will consist of the following components:

The responsibility to train farm employees is assigned to Brian Root and Brian Rowell. Actual training will be done by them or a competent replacement. General safety training as well as training required under the OSHA HAZARD COMMUNICATION STANDARD will be done.

Employees will be trained prior to their initial work assignments and whenever a new hazard is introduced into the work environment.

An employee information and safety meeting is held every Friday at 4pm to address questions, the concerns of employees and management, and issues pertaining to work habits and safety in the work place. All new hires are required to participate in an indoctrination program, their level of understanding is evaluated by supervisory personnel, to the supervisor’s satisfaction prior to duties being assigned.
Additional employee training may be necessary due to changes in facility operations or work assignment, and will be completed if need be.

The Material Safety Data Sheet Manual will be updated annually by Brian Root. Significant changes may necessitate additional employee training.

All employees will be informed of:

* The requirements of the OSHA Hazard Communications Standard.

* Any operation in the work areas where hazardous chemicals are present.

* The location and availability of the written hazard communication program, including the required folder of hazardous chemicals, material safety data sheets, will be in the Supervisor’s Office.

Employee Training shall include:

* Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, visual appearance or odor of chemicals when being released, etc.)

* The physical and health hazards of chemicals in the work area.

* The measures our employees can take to protect themselves from these hazards, including specific procedures that we have implemented to protect employees from exposure to hazardous chemicals such as appropriate work practices, emergency procedures, and personal protective equipment.

* The details of the hazard communication program developed by Green Mountain Dairy Farm including an explanation of the labeling system, the material safety data sheet, and how employees can obtain and use the appropriate hazard function.

* The use of Material Safety Data Sheets will be reviewed.

* Employee training will be documented and records will be kept on file.
NON-ROUTINE JOBS

The hazards (physical and chemical) associated with non-routine jobs will be reviewed prior to commencing the activity. Brian Root or Brian Rowell will be responsible for employee training for non-routine jobs.

CONTRACTOR SAFETY

Refer to sample, page#7 of Section II

Brian Root or Brian Rowell will be assigned to deal with each contractor. The contractor will provide a foreman to act as their representative. The company representative and the foreman will meet prior to the beginning of any work to review safety procedures and policy.

When the contracted work entails an exposure or potential exposure to hazardous chemicals, the company representative will provide the contractor with the proper MSDS. The contractor will provide the company representative an MSDS for any hazardous materials he brings into the workplace.
**VOSH CSHO'S CASE FILE REVIEW SHEET CHECKLIST**

**Name of Company:** Green Mountain Dairy Farm, Inc.

**Inspection Number:** 12-74495

**CSHO ID:** Callam (K6361)

**Date of Assignment:** November 8, 2017

**Date of Issuance:**  

**Reviewed By:**  

**Date:**  

### OSHA 1/1A

<table>
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- Correct legal establishment name is present (how determined?)
- All dates and times are entered
- All required information is present on the OSHA-1
- Penalties reduction factors are justified and match OSHA 1B
- CSHO narrative is completed in sufficient detail
- Union or Non Union is indicated
- Union Address and phone number are present
- Nature of the company’s business is described
- Description of what prompted the inspection is included, i.e. complaint, referral, LEP, programmed or unprogrammed, etc.
- Emphasis programs are noted
- Coding is complete and accurate
- Strategic Initiatives are noted

### COMMENTS:

### OSHA 1B

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- Hazard Description and location of the hazard are present
- Documentation is sufficient to support the violation of the standard (photos, employee interviews, a standard exists to cover the hazard, etc. were exposed to the hazard, etc)
- Employer knowledge is documented
- Employer comments are documented (for example, employee misconduct; multi-employer worksite, etc.)
- Names, addresses, and contact information for exposed employees are documented
- Charging Language is accurate
- Correct standard is cited
- Probability and severity assessments are accurate
- Penalty adjustment factors are accurately assessed (size, good faith, history)
- # 24, Employees removed from hazard, i.e. abatement is documented
- “Corrected During Inspection” is noted
- Grouping is done appropriately
- Citations are in the correct order
- For repeats “repeat language” is included in the citation; prior case history is attached to 1B; final order date included and calculated correctly.
- Letters of Interpretation/Directive taken into consideration
- 5(a)(1) documentation included in the file
- Willful documentation included in the file that addresses the willful factors (1. ER knew of the rule, 2. ER knew of the violation condition or conduct, 3. ER knew EE’s were exposed or, 4. Evidence of ER’s plain indifference to safety or health, 5. Why)
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<td>2/12/18</td>
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<td>2/13/18</td>
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<td>3/2/18</td>
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<td>3/19/18</td>
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<td>4/11/18</td>
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<td>7/12/18</td>
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# Inspection Report

**Tuc Jan 09, 2018 09:26:05 AM**

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<td>W9275</td>
<td>1277495</td>
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**Establishment Name**: GREEN MOUNTAIN DAIRY FARM, LLC  
**Doing Business As (DBA)**:  

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<td>Site Phone</td>
<td>(802)-868-2306</td>
<td>Extn</td>
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<td>Business Address</td>
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**Construction Type**

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<td>09-NOV-2017 12:00 PM</td>
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**Inspection Initiating Type**: Referral  
**Secondary Type**:  
**Other Initiating Type**: Inspection Category  
**Reason No Inspection**: Health  
**Scope of Inspection**: Partial  
**Sampling Performed?**: N  
**SVEP**: N  
**Explanation for No Inspection**: Explo for No Insp.  
**Federal Strategic Initiatives**: CHEMNEP  
**National Emphasis**: CHEMNEP  
**State Emphasis**:  
**Local Emphasis**:  
**Primary Emphasis**:  

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<td>Flag for Follow-up</td>
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<td>Union?</td>
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| Is this Company a current federal contractor? | N |

**Parent Company Legal Name**

**Parent Comp Trade Name/DBA**

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### Related Activity

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### Related Inspections

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### Additional Codes

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### Employer Representatives Contacted

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<th>Name</th>
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<th>Occupation</th>
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<tbody>
<tr>
<td>Brian Rowell</td>
<td></td>
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<tr>
<td>Address</td>
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<tr>
<td>Email</td>
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<td>Participation</td>
<td>Walk Around, Citation Mailed, Credentials, Closing Conference</td>
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<table>
<thead>
<tr>
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<th>Job Title</th>
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<td>Megan Rowell</td>
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<td>Address</td>
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<td>Participation</td>
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<table>
<thead>
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<tr>
<td>William Rowell</td>
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<td>Address</td>
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<tr>
<td>Name</td>
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CSHO Signature: [Signature]
Date: January 9, 2018
SAFETY NARRATIVE

Inspection Number 1277495

COVERAGE INFORMATION
Green Mountain Dairy Farm, 962 Morey Road, Sheldon Vermont; Inspection # 1277495, Optional # 001-18; Referral # 1281678

The Green Mountain Dairy Farm is a large dairy farm operation. The company employees approximately 15 employees.

NATURE AND SCOPE
This inspection was a limited-scope, health inspection initiated by an employee complaint related to health concerns of employees regarding alleged, excessive heat exposure.

The assertions of the employee complaint asserted the following alleged hazards:

1. "-Employee exposed to chemicals without using PPE when milking."

Check Applicable Boxes and Explain Findings:

☐ Complaint Items
☒ Referral Items

Item #1 was substantiated by CSHO Callan

☐ Accident Investigation Summary & Findings
☐ LEP
☐ Planned Inspection
☐ Follow-up Inspection

NATURE AND SCOPE – UNUSUAL CIRCUMSTANCES (Mark X and explain all the apply:)

☒ None
☐ Denial of entry (see denial memo)
☐ Delays in conducting the inspection
☐ Strikes
☐ Jurisdictional Issues
☐ Trade Secrets
A limited-scope, referral inspection was assigned via supervisor to CSHO Callan after Discrimination Officer, Tyler Dunigan was contacted a labor representative of the complainant. Upon arrival onsite at or about 11:00 AM on November 8th, 2017, CSHO Callan was directed by employees to meet with Owner/General Manager, Mr. Brian Rowell as the highest-ranking management official on site who was meeting with subcontractors in the farm yard in front of the administrative office building. After CSHO Callan identified himself and displayed his VOSHA credentials, Mr. Rowell escorted CSHO Callan to the farm administrative office building.

OPENING CONFERENCE NOTES:
An opening conference was held at or about, 11:20 AM with Owner/General Manager, Mr. Brian Rowell and company representative, Ms. Megan Rowell (daughter of the Owner). CSHO Callan presented credentials, handed out business cards and a copy of the “VOSHA Fact Sheet” for employers that outlines their rights and obligations during an inspection. At this time, a discussion was held regarding the nature/scope of referral inspection and Mr. Rowell granted CSHO Callan permission to conduct a VOSHA inspection.

Management was informed that the inspection would review safety policies, programs, procedures, training documentation, and specific OSHA recordkeeping information. Additionally, management was advised that the inspection may also involve photograph documentation, measurements, sampling ambient chemicals and employee interviews; at a minimum. The VOSHA 51 form was completed by Mr. Rowell before CSHO Callan left the facility for this inspection.

The walkaroud of this farm operation commenced at or about 12:00 PM. Locations included the “Veterinary Room” area in the milk production barn and the “Dry Cow Barn”; at a minimum.

RECORDKEEPING PROGRAMS
(Other than 29 CFR 1904 requirements)

Does the employer have a record keeping program relating to any occupational health issues (monitoring, medical, training, respirator fit tests, ventilation measurements, etc.)?

☑ Yes ☐ No

Are any programs required by OSHA health standards?

☑ Yes ☐ No

COMPLIANCE PROGRAMS
(engineering controls, PPE, regulated areas, emergency procedures, compliance plans, etc.)

Address any relevant compliance efforts regarding potential health hazards covered by the scope of this inspection.

PERSONAL HYGIENE FACILITIES AND PRACTICES
(showers, lockers, change rooms, etc.)

Are any required by OSHA health standards?
☐ Yes  ☒ No

What Standards:

HAZARD COMMUNICATION PROGRAM

Written Program (complete)
☐ Yes  ☒ No

MSDS's (all)
☐ Yes  ☒ No

Labeling (adequate)
☐ Yes  ☒ No

Training (complete)
☐ Yes  ☒ No

Copy of MSDS's/Program attached
☐ Yes  ☒ No

Comments:

ACCESS TO EXPOSURE & MEDICAL RECORDS
See health inspection report # 1245082

FIRE PROTECTION AND EVACUATION PROCEDURES
NA

SYSTEMS SAFETY AND EMERGENCY RESPONSE
NA

RESPIRATOR PROGRAM

LOCKOUT TAGOUT / ELECTRICAL SAFE WORKPRACTICES

FIRST AID

ELECTRICAL SAFE WORKPRACTICES

An unconnected electrical conduit housing containing energized wires was observed in the kitchen
work area.

EXPOSURE CONTROL PLAN

LABORATORY STANDARD
NA

ERGONOMIC PROBLEMS

☐ Yes  ☐ No
If yes, complete items 1 and 2 below.

1. Lifting (10% or more similarly exposed employees injured)
   a. Total # of employees exposed to job:
   b. Total # of cases for job:

2. CTD's (10% or more similarly exposed employees have CTD's; 5% or more CTS cases)
   a. Total # of employees exposed to job:
   b. Total # of cases for job:

Other significant injury/illness trends

☐ Yes  ☒ No
If yes, explain:

EVALUATION OF EMPLOYER’S OVERALL SAFETY AND HEALTH PROGRAM

General Industry:
☐ Yes  ☒ No  Employer has a Safety & Health Program
☐ Yes  ☒ No  Written
☐ Yes  ☒ No  Copy Attached

Construction Industry:
☐ Yes  ☐ No  Accident Prevention Program
☐ Yes  ☐ No  Written
☐ Yes  ☐ No  Copy Attached
Evaluation of Safety and Health Program
(0=Nonexistent 1=Inadequate 2=Average 3=Above average)

0 □ □ □ 3
□ □ □ □ Written S&H Program
□ □ □ □ Communication to Employees
□ □ □ □ Enforcement
□ □ □ □ Safety Training Program
□ □ □ □ Health Training Program
□ □ □ □ Accident Investigation Performed
□ □ □ □ Preventive Action Taken

Comments:

CLOSING CONFERENCE NOTES:

Were any unusual circumstances encountered such as, but not limited to, abatement problems, expected contest and/or negative employer attitude? If yes, explain below:

□ Yes □ No

CSHO Callan was not able to interview working farm workers onsite because (apparently) they all were not proficient in speaking the English language. CSHO Callan does not speak the Spanish language.

Closing Conference:
On November 8th, 2018 at or about 01:40 PM, CSHO Callan had been escorted to the administrative office building onsite and initiated the closing conference with the following company representatives:
- Owner/General Manager, Mr. Brian Rowell;
- Company representative, Ms. Megan Rowell;
- Company representative, Mr. William Rowell.

The Closing Conference was constructive and was conducted with civil discourse. CSHO Callan handed out the “VOSHA Closing Conference Guide” to Mr. Brian Rowell. Findings noted below were identified by CSHO Callan in this meeting as proposed regulatory findings of this VOSHA inspection.

CSHO Callan left the farm property at or about 2:00 PM.

The following findings were identified by CSHO Callan at a minimum:

1) At least one (1) electrical conduit containing energized conductors was observed penetrating a vertical, exterior wall on the front porch of the farm administration building exposing
employees to an electrical hazard;
2) This facility did not have an implemented Hazard Communications program that included a written program document for chemical safety.;
3) The “Veterinary Room” area in the milk production barn did not have an eye wash available for employee use in the “Veterinary Room” area of the milk production barn when employees dispense corrosive liquids (sanitizers);
4) The “Veterinary Room” area in the milk production barn did not have the adequate personal protective equipment available for employee use when employees dispense corrosive liquids (sanitizers) other than a (yellow) rain jacket. It was noted by CSHO Callan that a pair of safety glasses and boxes of 100 pairs (each) of nitrile gloves were available in the administrative building. Discovery interviews of management identified that a hazard assessment(s) for PPE use were not being implemented and/or used to train employees on the correct methods to protect themselves from chemical hazards;
5) Two (2) elastomeric, half-face respirators were observed being stored in the open in the “Veterinary Room” and had accumulated dirt & manure residues while hanging from pegs/hooks on a wall. A third elastomeric, half-face respirator was observed in active use by an employee in the “Veterinary Room” area by a farm worker walking by the inspection team. A fourth face-filtering respirator was observed being stored on an open countertop with the previously mentioned boxes of nitrile gloves;
6) This company was not keeping OSHA 300 injury logs or OSHA 301 incident records.

Closing Conference Checklist ("X" as appropriate)

☐ No Violations Observed
☒ Gave Copy Employer Rights
☒ Reviewed Hazards and Standards
☒ Discuss Employer Rights/Obligations
☒ Encouraged Informal Conference
☒ Offered Abatement Assistance
☒ Discussed Consultation Programs
☐ Employer/Employee Questionnaires

Closing Conference held with Employee Representative

☐ Jointly ☐ Separately

NA
Vermont Occupational Safety & Health Administration
Case Diary Sheet

Date of Inspection/Investigation: November 8th, 2017

Employer Name: Green Mountain Dairy Farm, LLC

OSHA #: 1277493

CSHO: Callum (16361)

(This document is used to record all correspondence, e-mails, telephone calls, site visits, letters and any other pertinent information to the case. This document is part of the case file.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>COMMENTS</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-8-17</td>
<td>Assigned</td>
<td></td>
</tr>
<tr>
<td>11-8-17</td>
<td>Inspection Started</td>
<td></td>
</tr>
<tr>
<td>11-8-17</td>
<td>Inspection Completed</td>
<td></td>
</tr>
<tr>
<td>1-9-18</td>
<td>Report Turned into Supervisor (Explain unusual delays)</td>
<td></td>
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</tbody>
</table>
VOSHA 51 - COMPANY REPRESENTATIVE DATA SHEET

DATE: November 8, 2017

CASE #: 1277475
OPTIONAL #: 001-18
SIC #: 112120

COMPANY NAME: Green Mountain Dairy Farm LLC

JOB SITE ADDRESS: 962 Morey Road, Sheldon, VT 05483

JOB SITE PHONE #: 802-805-2523  FAX: #

PHYSICAL & MAILING ADDRESS (if different from above):

MAILING ADDRESS:

STREET: P.O. BOX 19

TOWN: Highgate  STATE: VT  ZIP: 05459

PHONE: 802-805-2523  FAX: #

PRIMARY BUSINESS: Farming

#EMPLOYEES at INSPECTION SITE: 15  TOTAL EMPLOYEES/COMPANY: 15

YOUR NAME: Brian Rowell  POSITION/TITLE: Owner

PRESIDENT/OWNER NAME: Brian Rowell

IS YOUR COMPANY A CORPORATION  PARTNERSHIP  SOLE OWNER  LLC X

FOR CORPORATIONS: REGISTERED AGENT: Jesse Bugbee 2 North Main Street, Saint Albans, VT 05483

IS THERE AN EMPLOYEE, IN YOUR COMPANY, RESPONSIBLE FOR SAFETY AND HEALTH ISSUES/PROGRAMS: YES:  NO:

NAME/TITLE:

NAME OF UNIONS/representatives:

Union Name/Local #

Union mailing address

Phone #  FAX #

Union Rep.:

Address:

Phone#  FAX #
Green Mountain Dairy Farm LLC
November 8th, 2017

11:00
CSHo Callan arrives on site

11:05
CSHo Callan is greeted by Brian Rowell, Owner/Operator
who directs CSHo Callan to Farm Administrative Office

11:15
The opening conference begins

11:20
Mr. Rowell gives USDA permission to proceed with this inspection

Megan Rowell, Owner Representative/Farmer

12:00
Walkaround

Veterinary Room +

- Respirator use
- Respirator use

Brian Rowell

Dry Cow barn

Hoof - Rinse (Sirius LLC)

1:30
The walkaround ends with SDS review

1:40
1340  Closing Conference

Bibian Rowell
William Rowell

1. Haz Comm - no written plan / GHS
2. Respiratory - no written plan
3. Edge clashes - not compliant
4. Haz Assessment for PPE
5. No OSHA 300 / OSHA 301
6. Emerg wire conductor

1400 CSTO Ceillan leaves the farm
# Business Information

<table>
<thead>
<tr>
<th>Business Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business Name:</strong></td>
<td>GREEN MOUNTAIN DAIRY FARM, LLC</td>
</tr>
<tr>
<td><strong>Business Type:</strong></td>
<td>Domestic Limited Liability Company</td>
</tr>
<tr>
<td><strong>LLC Subtype:</strong></td>
<td>Member Managed</td>
</tr>
<tr>
<td><strong>Date of Incorporation / Registration Date:</strong></td>
<td>12/28/1999</td>
</tr>
<tr>
<td><strong>Business Description:</strong></td>
<td>Not Available</td>
</tr>
<tr>
<td><strong>Designated Office:</strong></td>
<td>PO BOX 86, HIGHGATE, VT, 05459, USA</td>
</tr>
<tr>
<td><strong>Business Address:</strong></td>
<td>962 Morey Road, Sheldon, VT, 05483, USA</td>
</tr>
<tr>
<td><strong>Citizenship / State of Incorporation:</strong></td>
<td>Domestic/VT</td>
</tr>
<tr>
<td><strong>Last Report Filed:</strong></td>
<td>01/05/2018</td>
</tr>
</tbody>
</table>

# Principals Information

No Principal(s) listed for this business.

# Registered Agent Information

**Name:** JESSE BUGBEE

**Physical Address:** 2 NO MAIN ST, ST ALBANS, VT, 05478, USA

**Mailing Address:** 2 NO MAIN ST, ST ALBANS, VT, 05478, USA

# Trade Name Information

No Trade Name(s) associated to this business.

Workers Compensation Coverage Verification

GREEN MOUNTAIN DAIRY FARM LLC

Insurance Coverage Provider
CHARTER OAK FIRE INS CO

Policy Number
HOUB4D70829417

Coverage Date
11/09/17

Employer Locations

Green Mountain Dairy Farm Llc
962 Morey Rd
Sheldon, VT 05483-9657

Green Mountain Dairy Farm Llc
Po Box 86
John,

Please inspect and consult with Tyler before inspection. UPA 1281678. Please include this email in your case file. Thanx

les

From: Burns, Les
Sent: Wednesday, November 08, 2017 8:42 AM
To: Callan, John
Subject: FW: Green Mountain Dairy Farm, LLC.
Attachments: 11c Screening of.docx; FW: New submission from VOSHA Retaliation Complaint

From: Burns, Les
Sent: Monday, November 06, 2017 11:18 AM
To: John Callan (John.Callan@vermont.gov) <John.Callan@vermont.gov>
Subject: FW: Green Mountain Dairy Farm, LLC.

From: Dunigan, Tyler
Sent: Monday, November 06, 2017 11:04 AM
To: Burns, Les <Les.Burns@vermont.gov>
Subject: Green Mountain Dairy Farm, LLC.

Company: Green Mountain Dairy Farm, LLC.
Owner: Brian Rowell
PO Box 162
Highgate, VT 05459
802-838-2823
Physical address of Farm: 962 Morey Road
Sheldon, VT 05483

VERMONT

Tyler Dunigan
VOSHA Investigator
Vermont Department of Labor
63 Pearl Street
Burlington, VT 05401-8579
(p) 802.657.4214 (f) 802.951.4091
tyler.dunigan@vermont.gov
www.labor.vermont.gov

CONFIDENTIALITY/DISCLOSURE NOTICE: Please note that this email message, along with any response or reply, may be considered public record, and thus, subject to disclosure under the Vermont Public Records Law (1 V.S.A Ch. 5, Sec. 3, §§ 315-320). Thank You.
Tyler – fyi
Dan – sounds like a safety complaint as well. Let’s talk ~les

From: VDOL Web Email [mailto:labor-webmaster@vermont.gov]
Sent: Tuesday, September 26, 2017 1:00 PM
To: LABOR - VOSHA Complaint <LABOR.VOSHAComplaint@vermont.gov>
Subject: New submission from VOSHA Retaliation Complaint

Name of Company Responsible for Retaliation
Green Mountain Dairy Farm, LLC

Phone of Responsible Company

I am a(n):
Representative of Employees

Complainant name

If this box is checked, this submission shall be considered as an authorized written signature.
- This constitutes my electronic signature.

Complainant email address

Complainant Telephone Number

Complainant Mailing Address

Description of Complaint:
On or around September 22, 2017, Mr. [redacted] was fired because he asked for workers’ compensation assistance after he became ill from chemical exposure at his job, and because he asked his employer to provide access to safety equipment to protect employees from chemicals.

Protected Activity:
Since beginning this job, Mr. [redacted] eyes, nose and face would feel a burning sensation when he used formaldehyde and other chemicals in his job. Around December 2016, he asked his supervisor named Randy for protective equipment to protect his eyes, nose and face from the chemicals. The supervisor did not say anything and the company never provided any protective equipment. Around March 2017, Mr. [redacted] was exposed to liquid formaldehyde while working. It fell on his face and in his eyes. There was no place to wash his eyes. This caused him breathing and vision problems, and he has had problems waking up at night unable to breathe. Mr. [redacted] is also worried that this exposure will have long-term health
consequences that he will have no way to pay for. He asked for help with getting medical treatment, including long-term medical treatment. However, he had to find his own treatment and transportation. Mr. called OSHA but did not ask to start a formal complaint. Around August 9, 2017, he asked Tammy Rowell and Brian Rowell for his treatment to be covered through workers’ compensation, and they agreed to pay for his treatment and call their insurance company. Mr. also asked for safety equipment for employees. About two weeks later, he asked Tammy Rowell, Brian Rowell and another supervisor named Brian if they were going to cover him under workers’ compensation. They told him that they would pay the costs. They asked him for papers from the doctor appointments he had and he gave them those papers a few days later. Mr. also asked for safety equipment for employees. Throughout this time, he spoke on several occasions to his coworkers about these problems and said that he might call OSHA. Around September 4, 2017, Mr. showed Brian Rowell a medical note recommending that he be provided respiratory protection. After this, the company started to provide masks, and some glasses, and stopped using formaldehyde for the cows’ foot baths during the night shift, which was when Mr. worked. Around September 6, 2017, Brian Rowell told Mr. that he was fired. Mr. said that the employer should at least pay for his medicine, and that Migrant Justice would come to the farm to support him. Then, Brian said that Mr. could work painting a house for them. The bosses provide a ride to work every day, and when Mr. worked several days painting, they also gave him a ride to paint. On or around September 18, he was waiting for the boss to pick him up to continue painting, but they never arrived. Around September 19, Mr. informed the bosses that he could not work because of an appointment. The employer has never paid for any of his medical treatment.

Negative Action Taken:

Around September 1, 2017, Mr. boss told him that if he was too ill to milk, he had to go home and come back when he was better. On or around September 4, he went to work and was told to go home. For about ten days, they told him not to work, but only paid him for about 40 hours even though his regular workweek was 72 hours. On or around September 6, he was told he was terminated, but later worked painting for the same employer. On or around September 22, 2017, he was fired because he asked for workers’ compensation assistance after he became ill from chemical exposure at his job, and because he asked his employer for safety equipment to protect employees from chemicals.

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title

Organization Name

Migrant Justice

Your title

Outreach & Education Coordinator
11c Screening of [Redacted]

10/4/17 1330

[Redacted] (personal number)

802-373-2522 (Abel Luna from Migrant Justice – Representative and translator)

Abel@migrantjustice.net (Just e-mail to reach CP at)

Respondent: Green Mountain Dairy Farm, LLC.

Complainant would rotate the cows through the milking parlor, prepare a formaldehyde bath for their hooves as they rotated and when they were short staffed, he would help with the milking process.

72 hours/week, 4pm-4am $10.50/hour

DOH 10/2016

Owners: Brian and Tammy Rowell

Supervisor: Initially Randy, but after Randy passed away in the summer of 2017 there was a new supervisor named Brian (Not Rowell).

Complainant started working for Respondent in October, 2016. Complainant would “push” cows through the milking parlor, rotating them through the process. Part of this job included hand pumping formaldehyde out of a larger container, into a smaller one, mix water into the formaldehyde and then place that container in the path of the cows so that they were forced to walk through it. Complainant’s supervisor and owners did not speak Spanish and Complainant did not speak English. Complainant would use a translator on his phone to communicate with Respondent. In December 2016, Complainant spoke to Randy his supervisor. Complainant asked Randy for safety equipment for the formaldehyde: gloves, mask, glasses. Randy did not acknowledge Complainant when he asked for the PPE.

Complainant had been feeling eye irritation and experiencing difficulty breathing, starting shortly after his employment.

In March 2017, Complainant was working with formaldehyde and spilled some of it onto his face and into his eyes. Respondent did not have an eye wash station and Complainant blindly walked around, guiding himself with his hands, to a washroom where he flushed his eyes until he was able to see. There were no Respondent managers there at the time but Complainant told his co-workers, and after a short amount of time Complainant return to work. Complainant’s eyes were swollen, itchy and burning. Complainant began to experience increased difficulty breathing with shortness of breath. After this incident, Complainant find himself walking up in the middle of the night gasping for breath and feeling like he was suffocating.
Between several days and a week later, Complainant had an opportunity to inform Randy of the accident. Randy seemed to ignore him. Complainant then asked for safety equipment again and Randy replied that he would look into it.

Throughout the summer of 2017, Complainant became increasingly concern with his health and symptoms and began to do research into formaldehyde, using the OSHA website. When Complainant found out that it was a carcinogen he became worried for his future health. Complainant went to the Doctor on his own around late July/early August, without Respondent’s direct knowledge. However, Tammy’s brother was the one that brought him to the doctors. Shortly after his doctor visit, he went to speak with Brian and Tammy about if Respondent would cover his medical costs with worker’s comp. Initially Tammy told Complainant to “wait” and then went into her office, and shortly after came out and asked Complainant how much money he wanted. Complainant was confused and didn’t know what she meant, when he asked her to explain she acted like she hadn’t just offered him the money.

Complainant asked Respondent if they were going to use worker’s comp (Around the beginning of August). Respondent told Complainant to just bring them all of his medical notes/bills and they would cover it themselves. Complainant had several more Doctor’s appointments throughout August and brought the bills to Respondent. Tammy began to treat Complainant differently now, yelling at him, giving him a heavier workload. There were jobs on the farm that he should have been moved/promoted to because of his seniority but Respondent was giving new hires those jobs and leaving Complainant in his position.

There was a 10-day period in August when Complainant was too ill to work it was around this time that Complainant began to talk to co-workers who lived in the same house as him (that Respondent provided) about contacting OSHA. Complainant thinks that Respondent found out about this because this was around the time that Tammy began to treat him differently and yell at him.

Near the end of August/Early September (September 4?), Complainant went to the doctor and was giving a note that stated he needed need to be provided some form of respiratory protection. Respondent then provided Complainant fabric face masks and glasses. Respondent stopped using the formaldehyde on the night shift (which Complainant worked) but continued using it on the day shift. Complainant asked for a real respirator and Respondent told him that there was on there already. The respirator had been hanging up in the barn exposed to the formaldehyde for a very long time. Complainant asked for a new one and his request was denied.

On September or about 6, 2017, Respondent informed Complainant that he was terminated. Complainant told Respondent that they should at least cover his medical expenses and that Complainant would have Migrant Justice come and support him. After Complainant said that, Respondent told Complainant to wait and that Complainant could work painting a house.

The next day Complainant began to work painting a house, 7am-7pm. Respondent picked Complainant up in the morning and dropped him off at night. This worked well for the first day. For the next 3-4 days, Respondent would show up late in the morning and only have Complainant had texted them multiple times. After about 5 days, Respondent stopped coming to pick Complainant up and did not contact Complainant at all. Complainant did not work for Respondent again after this, but there was never any communication about whether or not he was terminated or what his employment status might be.
In mid-September, Complainant spoke to Respondent and stated that he needed to get an inhaler that had been prescribed by his doctor and Complainant asked again about his medical bills and worker's compensation. Brian told Complainant that he would give Tammy money and that she would take him to the pharmacy to get the inhaler. Tammy took Complainant but the inhaler, without insurance, was $400 and Tammy did not purchase it. When they got back, Brian said they would purchase it later.

September 21, 2017, Complainant contacted Brian to talk about medical bills. Brian told him he wanted to meet him the next day.

September 22, 2017, Complainant met with Respondent and a few of Respondent supervisors. They yelled at Complainant and said that he was trying to extort Respondent and then terminated Complainant. The next communication Complainant had with Respondent was when he texted them to inform them he was moved out of the house they had provided.

Respondent had not paid any of Complainant's medical bills.