



Case Summary Report

Print

Inspection Number: 1428552

Case Closed Date: 06/16/2020

CSHO ID: (b) (7)(C)

Supervisor ID: J9742

Establishment Name: Conmed Corporation

Establishment DBA Name:

Establishment Information

Business Address:	Mailing Address:	Site Address:
525 FRENCH ROAD	1250 TERMINUS DRIVE	1250 TERMINUS DRIVE
UTICA, NY 13502	STE 100	SUITE 100
USA	LITHIA SPRINGS, GA 30122	LITHIA SPRINGS, GA 30122
	USA	USA

Inspection Information

Scope of Inspection: Partial	Case Milestone Dates:	Milestone	Date
Inspection Category: Safety		Opening Conference Date	09/05/2019
Inspection Type(s): Complaint		Closing Conference Date	09/05/2019
		Final Order Date	
		Case Closed Date	06/16/2020

Inspection Emphasis Programs

Primary Emphasis Program:
 National Emphasis Programs:
 Local Emphasis Programs:

Strategic Plan Activity

Federal Strategic Initiative Program:

Additional Codes

Type	ID	Value	Description
Union:	N		
SVEP:	N		
Sampling:	N		

Related Activities

Activity Number	Activity Type	Satisfied	Estab Name	Status
1493607	Complaint	Safety	Conmed Corporation	Open

Multi-Employer Inspections

Inspection Number	Estab Name
1465596	ADECCO USA, INC.
1465932	USDOL OSHA - ATLANTA WEST

Concurrent Inspections

Inspection Number
1428553
1400790

Violation Information

Cita... ID	Citation Type	Standard	Pen...	Issuance Date	Receipt Date	Final Order Date	Last Date To Contest	Abatement... Date	A... Date Abated	C... Stat...	Abatement Status
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Penalty Information

Penalty Assessed(\$): 0	Total Paid(\$): 0	Debt Collection:
Other Assessed(\$): 0	Waived(\$): 0	Date Referred:
Interest and Fee(\$): 0	Refund(\$): 0	Amount Referred: 0
Total Assessed(\$): 0	Total Balance Due(\$): 0	

Payment Summary

Payment Report No	Payment Type	Payment Re... Date	Unhonored Date	Payment Amount
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U.S. Department of Labor - Occupational Safety and Health Administration

Inspection Report

Fri Jun 05, 2020 15:56:20 PM

RID	CSHO ID	Supervisor ID	Inspection Number	Optional Report Number	Case Closed Date
0418200	(b) (7)(C)	J9742	1428552		

Establishment Name		Conmed Corporation		Doing Business As (DBA)		
Ownership Type	Private Sector	Type of Business	Corporation	Primary NAICS		339112
Site Address	1250 TERMINUS DRIVE SUITE 100 LITHIA SPRINGS, GA, 30122	Site Phone	(770)-250- 3900	Extn		Site FAX
Business Address	525 FRENCH ROAD UTICA, NY, 13502	Business Phone				Business FAX
Mailing Address	1250 TERMINUS DRIVE STE 100 LITHIA SPRINGS, GA, 30122	E-mail				Mobile Phone
Site Activity		NAICS Inspected	339112		Days on Site	8
Federal EIN		DUNS	071595540	Temporary or Fixed Site?		Fixed Site
State Estab Id		DUNS plus4		CAGE Code		
Construction Type						

Entry	05-SEP-2019	02:25 PM	First Closing Conference	05-SEP-2019	05:30 PM
Opening Conference	05-SEP-2019	02:28 PM	Second Closing Conference	26-FEB-2020	06:30 PM
Walkaround	05-SEP-2019	03:43 PM	Exit	05-SEP-2019	06:00 PM

Inspection Initiating Type	Complaint		Secondary Type		
Other Initiating Type			Inspection Category		Safety
Scope of Inspection	Partial		Reason No Inspection		
Sampling Performed?	N	SVEP	N	Expln. for No Insp.	
Federal Strategic Initiatives					
National Emphasis					
Local Emphasis	FORKLIFT				
Primary Emphasis					

Employed in Establishment	(b) (4)	Walkaround?	N	Advance Notice?	N
Covered By Inspection		Interviewed?	Y	Flag for Follow-up	N
Controlled By Employer		Union?	N	Reason for Follow-up	
Is this Company a current federal contractor?	U				

Parent Company Legal Name			Parent Comp Trade Name/DBA		
Parent Company Address		Phone Number		Extn	
TIN / EIN			DUNS		

CAGE Code		DUNS plus4	
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Related Activity			
Activity Number	Activity Type	Satisfied	Establishment Name
1493607	Complaint	Safety	Conmed Corporation

Related Inspections		
Inspection Number	Establishment Name	Related Inspection Type
1400790	Conmed Corporation	CONCURRENT
1428553	Conmed Corporation	CONCURRENT
1428553	Conmed Corporation	MULTI-EMPLOYER
1465596	ADECCO USA, INC.	MULTI-EMPLOYER
1465932	USDOL OSHA - ATLANTA WEST	MULTI-EMPLOYER

Additional Codes			
Type	ID	Value	Description

Employer Representatives Contacted							
Name	JUSTIN MILLS	Job Title	DIST. CTR. MGR	Occupation			
Address	1250 TERMINUS DRIVE SUITE 100 LITHIA SPRINGS, GA, 30122		Interviewed?	Y			
Home		Work	770-250-3900	Mobile		Fax	
Email			Participation	Walk Around, Citation Mailed, Credentials, Closing Conference, Opening Conference			
Name	ERIKA ARNOLD	Job Title	HR MANAGER	Occupation			
Address	1250 TERMINUS DRIVE SUITE 100 LITHIA SPRINGS, GA, 30122		Interviewed?	N			
Home		Work	770-250-3900	Mobile		Fax	
Email			Participation	Walk Around, Credentials, Opening Conference			
Name	TODD LOGSDON	Job Title	LEGAL COUNSEL	Occupation		ATTORNEY	
Address	220 WEST MAIN STREET SUITE 1700 LOUISVILLE, KY, 40202		Interviewed?	N			

Home		Work	502-561-3971	Mobile	502-649-3718	Fax	
Email	tlogsdon@fisherphillips.com		Participation		Walk Around, Credentials, Closing Conference, Opening Conference		

Employees Contacted							
Name	(b) (7)(D)		Job Title	(b) (7)(D)		Occupation	
Address	(b) (7)(D)			Interviewed?	Y		
Home		Work		Mobile	(b) (7)(D)	Fax	
Email	(b) (7)(D)			Participation	Credentials		
Name	(b) (7)(D)		Job Title	(b) (7)(D)		Occupation	
Address	(b) (7)(D)			Interviewed?	Y		
Home		Work		Mobile	(b) (7)(D)	Fax	
Email	(b) (7)(D)			Participation	Credentials		
Name	(b) (7)(D)		Job Title	(b) (7)(D)		Occupation	
Address	(b) (7)(D)			Interviewed?	Y		
Home		Work		Mobile	(b) (7)(D)	Fax	
Email	(b) (7)(D)			Participation	Credentials		
Name	(b) (7)(D)		Job Title	(b) (7)(D)		Occupation	
Address	(b) (7)(D)			Interviewed?	Y		
Home		Work		Mobile	(b) (7)(D)	Fax	
Email	(b) (7)(D)			Participation	Credentials		
Name	(b) (7)(D)		Job Title	(b) (7)(D)		Occupation	
Address	(b) (7)(D)			Interviewed?	Y		
Home		Work		Mobile	(b) (7)(D)	Fax	
Email	(b) (7)(D)			Participation	Credentials		
Name	(b) (7)(D)		Job Title	(b) (7)(D)		Occupation	
Address	(b) (7)(D)			Interviewed?	Y		
Home		Work		Mobile	(b) (7)(D)	Fax	
Email	(b) (7)(D)			Participation	Credentials		
Name	(b) (7)(D)		Job Title	(b) (7)(D)		Occupation	
Address	(b) (7)(D)			Interviewed?	Y		

		(b) (7)(D)					
Home		Work		Mobile	(b) (7)(D)	Fax	
Email	(b) (7)(D)			Participation	Credentials		
Name	(b) (7)(D)	Job Title		Occupation	(b) (7)(D)		
Address	(b) (7)(D)			Interviewed?	N		
Home		Work		Mobile	(b) (7)(D)	Fax	
Email	(b) (7)(D)			Participation	Credentials		
Name	(b) (7)(D)	Job Title		PICKER (INTERNATIONA	Occupation		
Address	(b) (7)(D)			Interviewed?	N		
Home		Work		Mobile	(b) (7)(D)	Fax	
Email				Participation	Credentials		

Penalty Adjustment Factors					
Size Reduction	0%	Good Faith Reduction	15%	History Reduction	0%
Size Justification	The employer controlled an estimated 3,500 employees	Good Faith Justification	The employer had developed written safety and health programs within the scope of this inspection.	History Justification	A history search identified two prior OSHA compliance inspections. Inspection 1400790 was conducted at the same site and was ongoing during the opening conference for inspections 1428552 and 1428553. The second inspection, 1309433, did not result in high gravity serious, repeated or willful violations.

CSHO Signature	(b) (7)(C)	Date	06/05/2020
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U.S. Department of Labor
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

Complaint Number	1493607
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Establishment Name	Conmed Corporation		
Site Address	1250 Terminus Dr Ste 100		
	Lithia Springs, GA 30122		
	Site Phone	770-250-3902	Site FAX
Mailing Address	1250 Terminus Dr Ste 100 Lithia Springs, GA 30122		
Management Official		Telephone	
Type of Business			
Primary SIC	3845	Primary NAICS	339112 - Surgical and Medical Instrument Manufacturing

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

Employees are exposed to fall hazards, in that, an employee fell off the loading dock while operating a forklift.

Source 1			
<i>Has this condition been brought to the attention of:</i>			
<i>Please indicate Your Desire to Reveal Source:</i>		No	
<i>The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form</i>		(Mark "X" in ONE) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)	
<i>Complainant Name</i>		<i>Telephone</i>	
<i>Complainant Address</i>			
<i>Complainant E-mail Address</i>			
<i>Send UPA Results?</i>	No	<i>If no UPA results sent, why?</i>	
<i>Signature</i>		<i>Date</i>	
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:			
<i>Organization Name:</i>		<i>Your Title:</i>	

OFFICIAL USE ONLY:

Reporting ID	0418200
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Receipt Information	Received By (b) (7)(C)	Send OSHA-7? Yes No	Date: 08/30/2019 Time: 10:00 AM	CSHO Assigned (b) (7)(C)	Supervisor(s) Assigned (b) (7)(C)
Receipt Type	Phone	Electronic Complaint Number			

Industry & Ownership	Primary NAICS	339112 - Surgical and Medical Instrument Manufacturing	Ownership	Private Sector
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Complaint Evaluation	Evaluated By		Subject	Severity
	Is this a Valid Complaint?	Yes		
	Formality	Nonformal	Safety Health	Serious
	Migrant Farmworker Camp? (Mark X if applicable)		Discrimination	No

Complaint Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other - Status
08/30/2019	Do Inspection = Y			Est/Alleged Hazards under LEP,NEP, or SST	
08/30/2019	Valid = Y				

Complaint Responses				
Date Response Received	Type Response Received	Evaluation	Evaluated By	Other

Transfer to (Name)		Transfer Date	
Transfer to Category			

Strategic Initiatives	
National Emphasis	
Local/State Emphasis	

Additional Codes			
Type	ID	Value	Description

Close Complaint	
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HEALTH NARRATIVE

Inspection Number

1428552

NAME AND ACTIVITY

CONMED CORPORATION

The employer is a provider of medical devices and distributor of sterilized medical devices.

COVERAGE INFORMATION

INTERSTATE COMMERCE

The employer is a global and publicly traded provider of medical devices providing services and medical equipment to customers outside of the state of Georgia. Therefore, the activities of Conmed Corporation affect interstate commerce and are within the regulatory jurisdiction of the US Department of Labor, Occupational Safety and Health Administration (US DOL – OSHA).

GEOGRAPHIC JURISDICTION

The inspection site was located at 1250 Terminus Drive, Lithia Springs in Douglas County, Georgia. Therefore, the site activities are within the geographic jurisdiction of the OSHA Atlanta West area office.

REGULATORY JURISDICTION

The employer's activities include work performed under NAICS 339112 - Surgical and Medical Instrument Manufacturing with activities covered under 29 CFR 1910.

HISTORY

A history search identified two prior OSHA compliance inspections. Inspection 1400790 was conducted at the same site and was ongoing during the opening conference for inspections 1428552 and 1428553. The second inspection, 1309433, did not result in high gravity serious, repeated or willful violations.

NATURE AND SCOPE

Check Applicable Boxes and Explain Findings:

- Complaint Items (UPA 1493607)
- Referral Items
- Accident Investigation Summary & Findings

LEP

Planned Inspection

Follow-up Inspection

The inspection opened as a referral inspection in response UPA 1493607 which alleged:

Employees are exposed to fall hazards, in that, an employee fell off the loading dock while operating a forklift.

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

Others

Comments: The employer was not forthcoming in providing requested documentation. A subpoena was issued which the employer, as represented by Tod Logsdon of Fischer & Phillips objected to much of the information requested citing arguments including over burdensome requests. A second subpoena was issued after consulting directly with the employer's legal representation to reach agreeable language that the attorney indicated would result in cooperation on the part of the employer. The employer, as represented by Tod Logsdon of Fischer & Phillips again objected indicating the same arguments as were presented by the employer in response to the first subpoena. In each case, the employer used the maximum amount of time provided in the subpoenas to respond which extended the duration of the inspections. Requests in the subpoenas included documentation to determine what a typical day of exposure would be. The purpose of that information was to help evaluate working conditions during sampling and establish if sampled conditions were typical or if additional sampling needed to be performed. Therefore, sampling was significantly postponed. The basis of the information requests was supported by multiple employee allegations regarding the employer's actions to alter working conditions and exposure levels during concurrent inspection 1400790. The Atlanta West Area Office, worked with the Regional Office throughout this process. A determination was made to proceed with sampling after approximately 5 months of delays. Sampling results were not available until April 16, 2020, more than seven months beyond the initial inspection opening. The regional office indicated that the 6-month statute of limitations for citations related to ethylene oxide exposure would begin at the time of documented exposure/sampling date as opposed to the opening conference date of the inspection. Results indicated the presence of ethylene oxide. However, all exposure levels

were below the permissible exposure limit, action level and excursion limit.

Concurrent referral inspection 1428553 was opened on the same date in response to a report from Georgia Poison Control regarding an employee having symptoms potentially resulting from ethylene oxide exposures in the workplace.

A related "No Inspection", 1465596, was later opened with the temporary staffing agency Adecco USA, Inc. in order to facilitate a letter to the staffing agency in the event that citations were to be issued.

OPENING CONFERENCE NOTES:

The opening conference was held on September 05, 2019. Justin Mills, senior logistics manager and Erika Arnold, human resources manager, represented the employer. CSHO (b) (7)(C) represented the US DOL – OSHA. CSHO presented credentials and informed the employer of the nature and scope of the inspection. A concurrent inspection, 1428553, was opened to investigate employee exposure to airborne concentrations of ethylene oxide.

RECORDKEEPING

(Copy of OSHA 200's or 300's for General Industry must be in casefile)

The employer maintained injury logs and copies were requested during the opening conference. Injury log data was entered into OIS. Injury data is summarized in the table below.



WALKAROUND OBSERVATIONS/UNUSUAL OCCURRENCES:

Complaint Item: Employees are exposed to fall hazards, in that, an employee fell off the loading dock while operating a forklift.

Findings: (b) (7)(C) was involved in a non-injury incident in which a stand-up forklift fell from the receiving dock to the exterior pavement below as the (b) (7)(C) jumped from the forklift onto the receiving dock floor. According to interviews, (b) (7)(C) required approximately three attempts to line up with the bay door. (b) (7)(C) chocked the wheels of the truck. (b) (7)(C) parked at an adjacent bay told (b) (7)(C) trailer was still crooked. (b) (7)(C) that he was going to pull the chock and straighten the trailer. (b) (7)(C) had removed one pallet from the trailer after it was chocked and was moving into position to remove the second pallet. The dock plate was not lowered and (b) (7)(C)

could not lower the dock plate or enter the trailer until the first pallets were removed from the rear of the trailer operating from the receiving dock floor. (b) (7)(C) approached the bay door to remove the second pallet, (b) (7)(C) pulled forward. This apparently caused (b) (7)(C) to panic and, rather than just stop the forklift which could not enter the truck until the second pallet was removed, the (b) (7)(C) jump from the forklift, which continued forward and fell upright to the pavement below the dock door.

Information available during the inspection indicated that the employer provided (b) (7)(C) with operator training and certification and that (b) (7)(C) received refresher training following the incident.

Recommendations: No citation or further action is recommended with respect to the complaint item.

A hazard alert letter was not considered appropriate as the employer was informed of the event after it occurred and retrained the forklift operator after the event. The letter would only serve to inform the employer of an incident and circumstances of which the employer had already been made aware.

A summary of on-site activity and significant events follows.

September 05, 2019: An initial walk around was conducted for concurrent inspections 1428552 and 1428553 along with employee interview.

September 06, 2019: On-site interviews conducted.

September 09, 2019: On-site interviews conducted.

September 10, 2019: On-site interviews conducted.

September 11, 2019: On-site interviews conducted.

October 09, 2019: Subpoena hand delivered to employer at inspection site.
Response due Oct. 23, 2019

October 09, 2019: Employer objections to subpoena received with incomplete information provided.

November 20, 2019: Amended Subpoena e-mailed to employer.
Response due December 04, 2020

December 10, 2019: Employer objections to amended subpoena received.

February 26, 2020: On-site interviews conducted. Air sampling conducted for concurrent inspection 1428553.

February 27, 2020: On-site interviews conducted. Air sampling conducted for concurrent inspection 1428553.

OSHA EXPOSURE MONITORING.

Performed?:

Yes No

Sampled for: Sampling performed related to concurrent inspection. Reference inspection 1428553.

Significant Delay(s)?:

Yes No

If yes, explain: N.A.

EMPLOYER'S OCCUPATIONAL HEALTH PROGRAM

MONITORING PROGRAM

Is any sampling being performed?

Yes No

Were overexposures documented by the employer?

Yes No

Were results obtained by CSHO/IH?

Yes No

MEDICAL SURVEILLANCE PROGRAM

Does the employer have a medical program?

Yes No

Are any programs required by OSHA health standards?

Yes No

Were any deficiencies noted on frequency, protocol or records?

Yes No

EDUCATION AND TRAINING PROGRAM

Does the employer have an education and training program?

Yes No

Are any program required by OSHA health standards (other than the Hazard Communication standard)?

Yes No

Were any deficiencies noted on content or frequency?

Yes No

RECORDKEEPING PROGRAM (Other than 29 CFR 1904 requirements)

Does the employer have 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

Were any deficiencies noted on content, frequency or access?

Yes No

COMPLIANCE PROGRAMS

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

In response to the concurrent inspection, the employer had implemented measures to help reduce ethylene oxide exposure levels in the workplace. These methods included installing screens at the receiving dock doors in order that these doors could remain open to aid in ventilation. The employer also purchased industrial fans placed at the receiving dock doors to increase ventilation. An exhaust fan was installed passing through the wall above the receiving dock doors. Tractor trailers containing shipments of ethylene oxide treated medical equipment must be parked at a holding location with the trailer doors open to ventilate the shipment before the trucks can be backed up to the receiving docks.

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

Are any required by OSHA standards?

Yes No

What Standards: N.A.

Were any deficiencies noted?

Yes No

What: N.A.

LABELING AND POSTING POLICIES AND PROCEDURES
(Other than 29 CFR 1903, 29 CFR 1904 and Hazard Communication Standard)

Are any required by OSHA health standards?

Yes No

What Standards: N.A.

Were any deficiencies noted?

Yes No

What: N.A.

HAZARD COMMUNICATION PROGRAM

Written Program (complete)

Yes No

MSDS's (all)

Yes No

Labeling (adequate)

Yes No

Training (complete)

Yes No

Copy of MSDSs/Program attached

Yes No

Comments: No exposures identified above the action level for ethylene oxide.

ACCESS TO EXPOSURE & MEDICAL RECORDS: Sampling results for monitoring conducted by the employer had been posted in the workplace but were not posted during this inspection.

FIRE PROTECTION AND EVACUATION PROCEDURES: N.A.

SYSTEMS SAFETY AND EMERGENCY RESPONSE: N.A.

RESPIRATOR PROGRAM: N.A.

LOCKOUT TAGOUT / ELECTRICAL SAFE WORKPRACTICES: N.A.

FIRST AID: The employer provides first aid supplies.

ELECTRICAL SAFE WORKPRACTICES: N.A.

EXPOSURE CONTROL PLAN: N.A.

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: N.A.

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)

2 - Written S&H Program

2 - Communication to Employees

0 - Enforcement

2 - Safety Training Program

N.A. - Health Training Program

2 - Accident Investigation Performed

1 - Preventive Action Taken

Comments: N.A.

CLOSING CONFERENCE NOTES:

A closing conference was conducted on February 26, 2020 with no citations to be recommended unless sampling resulted in an over exposure to ethylene oxide. Justin Mills, distribution center manager, represented the employer. CSH(b) (7)(C) represented the US DOL – OSHA. CSO provided the employer with a copy of the OSHA 3000, Employer Rights and Responsibilities Following a Federal OSHA Inspection. The employer was informed of CSO observations and recommendations subject to sampling results as well as selected subjects from the OSHA 3000 as outlined in the closing conference checklist below.

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

Closing Conference Checklist (“x” as appropriate)

- Posting Requirements
- Informal Conference and Settlement
- Types of Violations
- How to Contest
- Petition for Modification of Abatement
- Follow-up Inspections and Failure to Abate Penalties
- Worker Retaliation
- Consultation Services
- Employer/Employee Questionnaires

The Small Business Regulatory Enforcement Fairness Act

Closing Conference held with Employee Representative

Jointly Separately N.A.



Summary of Work-Related Injuries and Illnesses for:

Conmed Corporation
 DBA:
 525 FRENCH ROAD
 UTICA, NEW YORK 13502
 Private Sector
 Establishment Inj/Ill Log for: 2018

Establishment ID: 973620008
 Fed'l EIN/TIN:
 Duns Number: 071595540
 Primary NAICS: 339112
 Corporation

Number of Cases

Deaths	Cases with days away from work	Cases with job transfer/restriction	Other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)
(G)	(H)	(I)	(J)

Total Recordable Cases
 (b) (4)

Total DART Cases
 (b) (4)

Number of Days

Days away from work
 (b) (4)
 (K)

Days of Job Transfer or Restriction
 (b) (4)
 (L)

Injury and Illness Types

- (1) Injuries: (b) (4)
- (2) Skin Disorders: (b) (4)
- (3) Respiratory Condition: (b) (4)

- (M) Total Number of... (b) (4)
- (4) Poisoning: (b) (4)
- (5) Hearing Loss: (b) (4)
- (6) All Other illnesses: (b) (4)

Employment Information

Total Hours Worked: (b) (4)

Average Number of Employees: (b) (4)

Injury / Illness Rates

Total Recordable Case Rate : (b) (4)
 DART Rate : (b) (4)
 DAFWII Rate : (b) (4)

Conmed Corporation
 DBA:
 525 FRENCH ROAD
 UTICA, NEW YORK 13502
 Private Sector
 Establishment Inj/Ill Log for: 2017

Establishment ID: 973620008
 Fed'l EIN/TIN:
 Duns Number: 071595540
 Primary NAICS: 339112
 Corporation

Number of Cases

Deaths	Cases with days away from work	Cases with job transfer/restriction	Other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)
(G)	(H)	(I)	(J)

Total Recordable Cases
 (b) (4)

Total DART Cases
 (b) (4)

Number of Days

Days away from work
 (b) (4)
 (K)

Days of Job Transfer or Restriction
 (b) (4)
 (L)

Injury and Illness Types

(1) Injuries: (b) (4)
(2) Skin Disorders: (b) (4)
(3) Respiratory Condition: (b) (4)

(M) Total Number of... (b) (4)
(4) Poisoning: (b) (4)
(5) Hearing Loss: (b) (4)
(6) All Other illnesses: (b) (4)

Employment Information

Total Hours Worked: (b) (4) Average Number of Employees: (b) (4)

Injury / Illness Rates

Total Recordable Case Rate : 2.4
DART Rate : 0
DAFWII Rate : 0

Conmed Corporation
DBA:
525 FRENCH ROAD
UTICA, NEW YORK 13502

Establishment ID: 973620008
Fed'l EIN/TIN:
Duns Number: 071595540
Primary NAICS: 339112
Corporation

Private Sector
Establishment Inj/Ill Log for: 2016

Number of Cases

Deaths	Cases with days away from work	Cases with job transfer/restriction	Other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)
(G)	(H)	(I)	(J)
Total Recordable Cases			Total DART Cases
(b) (4)			(b) (4)

Number of Days

Days away from work	Days of Job Transfer or Restriction
(b) (4)	(b) (4)
(K)	(L)

Injury and Illness Types

(1) Injuries: (b) (4)
(2) Skin Disorders: (b) (4)
(3) Respiratory Condition: (b) (4)

(M) Total Number of... (b) (4)
(4) Poisoning: (b) (4)
(5) Hearing Loss: (b) (4)
(6) All Other illnesses: (b) (4)

Employment Information

Total Hours Worked: (b) (4) Average Number of Employees: (b) (4)

Injury / Illness Rates

Total Recordable Case Rate : (b) (4)
DART Rate : (b) (4)
DAFWII Rate : (b) (4)

Conmed Corporation
DBA:
525 FRENCH ROAD
UTICA, NEW YORK 13502

Establishment ID: 973620008
Fed'l EIN/TIN:
Duns Number: 071595540
Primary NAICS: 339112
Corporation

Private Sector
Establishment Inj/Ill Log for: 2015

Number of Cases

Deaths	Cases with days away from work	Cases with job transfer/restriction	Other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)
(G)	(H)	(I)	(J)

Total Recordable Cases (b) (4)

Total DART Cases (b) (4)

Number of Days

Days away from work	Days of Job Transfer or Restriction
(b) (4)	(b) (4)
(K)	(L)

Injury and Illness Types

- (1) Injuries: (b) (4)
- (2) Skin Disorders: (b) (4)
- (3) Respiratory Condition: (b) (4)

- (M) Total Number of...
- (4) Poisoning: (b) (4)
 - (5) Hearing Loss: (b) (4)
 - (6) All Other illnesses: (b) (4)

Employment Information

Total Hours Worked: (b) (4)	Average Number of Employees: (b) (4)
-----------------------------	--------------------------------------

Injury / Illness Rates

Total Recordable Case Rate : (b) (4)

DART Rate : (b) (4)

DAFWII Rate : (b) (4)

Conmed Corporation
DBA:

525 FRENCH ROAD

UTICA, NEW YORK 13502

Establishment ID: 973620008
 Fed'l EIN/TIN:
 Duns Number: 071595540
 Primary NAICS: 339112
 Corporation

Private Sector
Establishment Inj/Ill Log for: 2014

Number of Cases

Deaths	Cases with days away from work	Cases with job transfer/restriction	Other recordable cases
(b) (4)	(b) (4)	(b) (4)	(b) (4)
(G)	(H)	(I)	(J)

Total Recordable Cases (b) (4)

Total DART Cases (b) (4)

Number of Days

Days away from work	Days of Job Transfer or Restriction
(b) (4)	(b) (4)
(K)	(L)

Injury and Illness Types

- (1) Injuries: (b) (4)
- (2) Skin Disorders: (b) (4)
- (3) Respiratory Condition: (b) (4)

- (M) Total Number of...
- (4) Poisoning: (b) (4)
 - (5) Hearing Loss: (b) (4)
 - (6) All Other illnesses: (b) (4)

Employment Information

Total Hours Worked: (b) (4)	Average Number of Employees: (b) (4)
-----------------------------	--------------------------------------

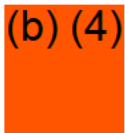
Injury / Illness Rates

Total Recordable Case Rate :

DART Rate :

DAFWII Rate :

(b) (4)



(b) (7)(C)

(b) (7)(C)

(b) (7)(C)

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(C)

ACTIVITY #: _____

CSHO: U2470 _____

DATE: 11/18/2019

Telephone Contact 3:02 p.m. - 3:15 p.m.

(b) (7)(C)

Re: Death of Ex-employee, Quan Collins

Don't know when Quan Collins' employment began.

Ended his employment about 1 mo. ago.

Collins worked in "International"

Collins packed and shipped, he had to open boxes take the product out and add to order

His supervisor was Theresa Flannigan, international supervisor.

Collins came to me for Tylenol, ibupro anything for his headaches.

He quit when he found another job. He was with Ad

(b) (7)(D)

(b) (7)(D)

ACTIVITY #: _____

CSHO: U2470

DATE: 11/19/19

Telephone Contact 2:21 p.m.

(b) (7)(D)

Re: Death of Ex-employee, Quan Collins

No new information

(b) (7)(D) has not called back.

Will send an e-mail when

United States of America
Department of Labor
Occupational Safety and Health Administration



~~(**THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.***) I understand that this statement will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with applicable statute(s) and agency policy. _____ Initial (**THIS STATEMENT DOES NOT APPLY TO MANAGEMENT.***)~~

11(c)(1) of OSH Act: No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act. _____ Initial (Applies to all)

Name: Abdisalam Sheka Address: ¹²⁵⁰2150 Terminus Dr., Ste 100

City: Lithia Springs State: GA Zip: 30122 Phone/Email: Contact Tod Logsdon

I am/was (circle one) employed by: ConMed Corporation From: 10/2016 to: Present

Position: Quality Engineer I Time in Position: 1 yr. Supervisor: Justin

I hereby swear or affirm and say:

1. For quality we take care of non conforming
2. products so we take care of sterile
3. issues. We put them on hold. I am
4. a member of management. I don't
5. directly have authority to take
6. disciplinary action against employees.
7. I do not control the daily activities
8. of any employees. I don't participate
9. in the hiring or firing of employees.
10. I am salaried not hourly.
11. # Tod Logsdon - He's an engineer, he's a
12. professional, part of the management

1. team.
2. I provided forklift training.
3. I did the classroom part of
4. the training. (b) (7)(D) provided
5. the practical training and
6. evaluation.
7. I provided presentations that
8. had slides and videos in regards
9. to equipment.
10. If (b) (7)(D) is on the
11. spreadsheet with me then I trained
12. (b) (7)(D) We have a class. Before
13. they start using the equipment
14. they have to pass a class.
15. Three years is usually the
16. second refresher course.
17. I know (b) (7)(D) It's
18. been a long time. I'm not
19. sure if it's me that trained
20. (b) (7)(D) but the records are
21. there. Someone else issued
22. the certification cards. (b) (7)(D)
23. (b) (7)(D) issued the cards.
24. (b) (7)(D) issues the cards. The sheet
25. is just a spreadsheet that
26. (b) (7)(D) uses to make the cards.
27. I have seen the cards for certification
28. that (b) (7)(D) issued. I guess (b) (7)(D)
29. put my name on the card because
30. I trained (b) (7)(D) I

1. did so many trainings I don't
2. remember this training. I guess
3. he put my name on it with
4. that date because I did the
5. class that date. I did too
6. many classes to remember that
7. date. (b)(7)(D) probably did the class
8. and the practical the same date.
9. In 2017 I did both parts. I did
10. class and driving part. (b)(7)(D) also
11. did practical training in 2017. I
12. completed the spreadsheet for
13. (b)(7)(D) certification card and
14. sent it to (b)(7)(D) for lamination.
- 15.
- 16.
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- 22.
- 23.
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- 26.
- 27.
- 28.
- 29.
- 30.

equal
or part
meeting
5:50 PM

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Choose one of the first two (2) statements:

 Initial I have read and understand the foregoing statement of 3 pages. I have been given the opportunity to make corrections. Each page is numbered. I have initialed each correction and initialed or signed each page.

OR

 Initial The foregoing statement of pages has been read to me. I have been given the opportunity to make corrections. Any corrections have been read back to me. Each page is numbered. I have initialed each correction and initialed or signed each page.

AND

 Initial (Applies to all) I declare under penalty of perjury under the laws of the United States of America that this statement is true and correct to the best of my knowledge. I understand it is a felony under 18 U.S.C. § 1001 to knowingly and willfully make a false statement or omit material facts in relation to a federal investigation.

Review this statement with each witness: I request that my statement be kept confidential to the extent allowed by law – **OR** – initial here _____ to waive confidentiality.

Signature of Interviewee

Date

(b) (7)(C)

02/27/20
Date

Employee Declined to sign or initial statement

United States of America
Department of Labor
Occupational Safety and Health Administration



(**THIS STATEMENT DOES NOT APPLY TO MANAGEMENT**) I understand that this statement will be held in confidence until such time as I may be called to testify in a court proceeding, at which time it may be produced upon demand of opposing counsel. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with applicable statute(s) and agency policy. Initial (**THIS STATEMENT DOES NOT APPLY TO MANAGEMENT**)

11(c)(1) of OSH Act: No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act. Initial (Applies to all)

Name: Justin Mills Address: 2150 Terminus Drive, Ste 100

City: Lithia Springs State: GA Zip: 30122 Phone/Email: 770-255-3900

I was (circle one) employed by: ConMed Corporation From: 2005 to: Present
Senior Logistics Manager

Position: ~~Distribution~~ Manager Time in Position: 1.5-2yr Supervisor: Loredana Moiffas

corporate director of S&OP (sales and oper. planning) and international supply chain operations

I hereby swear or affirm and say:

1. My duties are to ensure that the
2. products that we have, that we
3. pick them, pack them and fulfill
4. customer orders. We train employees
5. on job procedures, safety training,
6. and any other H.R. training required
7. for the site. Sometimes I lead training.
8. Mostly I do operational stuff. Certainly
9. there are times when we're called to
10. do an HR training, generally
11. preestablish power points that
12. we go over. Overall each site lead

1. is responsible for safety training.
2. Any safety team member, it
3. may not be somebody that's on
4. site, could come and conduct the
5. training. It's usually a pre-established
6. power point or it could be a
7. video. Our safety training may
8. include a section of haz com.
9. I don't recall at this time if
10. it does. I'd have to review them.
11. I wouldn't call it an actual
12. training with respect to E+O
13. but we talk about it with
14. employees and talk about
15. sampling results. Typically it's
16. what E+O is or EO is. We will
17. discuss the testing we do or
18. are about to conduct and we
19. talk about the results. I'll lead
20. that discussion. It's typically
21. a standup meeting. We have in
22. the past talked to them about
23. the hazards of E+O. It's pretty
24. much what you'll see on the
25. SDS. I know that medical
26. evaluations are made available
27. to the employees. I do not know
28. how that process is administered.
29. We are working on a longer term
30. plan but we've installed screens

1. on the overhead doors in receiving,
2. pusher fans in front of those
3. screen doors and an extractor
4. fan. For the shipping side
5. there have been no engineering
6. changes implemented. I don't
7. recall the actual start date
8. but we started having the
9. trucks pull forward from the
10. dock, open the trailers and
11. air out the trailers for
12. 15 to 30 minutes to help
13. reduce exposures. We do
14. monthly sampling. We've
15. sampled every month since
16. March of last year. After the
17. first sample we were above
18. the action level. We got the
19. results in April. We immediately
20. did a round of testing with
21. the doors. We were below the
22. action level. Fans were provided
23. when opened the doors. Screens
24. were installed around late summer
25. as was the extractor fan.
26. I don't know of any employees who
27. had signs or symptoms of
28. exposure to EtO. Some employees
29. did see doctors when we made
30. that available but I don't

1. Know the details of why they went.
2. We tested a direct read
3. monitor that appeared to
4. not read very accurate at all.
5. You could literally take it
6. outside and it would alarm. So,
7. we deemed that tool not reliable.
8. I don't recall the make or model.
9. I believe we sent them back.
10. We had one and got another
11. because we thought that one
12. was defective. The second one
13. was the same.
14. We are working with a company
15. called Diamond Training
16. services for forklift operator
17. training. It's an ongoing process.
18. They have provided some
19. training. (b) (7)(D)
20. was readministered the safety
21. testing, the basic testing
22. after his accident I believe
23. at Dock 31. It was a refresher
24. on a Power Point that went
25. through what a forklift driver
26. should know, the basics of it.
27. I don't recall who provided that
28. refresher. I don't recall if (b) (7)(D)
29. received the refresher training
30. before being allowed to operate

1. a forklift again after the
2. accident or if (b)(7)(D) was allowed
3. to operate a forklift and received
4. the refresher training later.
5. (b)(7)(D) helped conduct
6. safety training, the classroom
7. portion if you will along with
8. (b)(7)(D) of them were
9. authorized to do both portions
10. the classroom and practical forklift
11. training. I believe (b)(7)(D) usually
12. divided the duties. Typically (b)(7)(D) would do the practical. (b)(7)(D) would

Choose one of the first two (2) statements:

Initial I have read and understand the foregoing statement of ___ pages. I have been given the opportunity to make corrections. Each page is numbered. I have initialed each correction and initialed or signed each page.

OR

___ Initial The foregoing statement of ___ pages has been read to me. I have been given the opportunity to make corrections. Any corrections have been read back to me. Each page is numbered. I have initialed each correction and initialed or signed each page.

AND

Initial (Applies to all) I declare under penalty of perjury under the laws of the United States of America that this statement is true and correct to the best of my knowledge. I understand it is a felony under 18 U.S.C. § 1001 to knowingly and willfully make a false statement or omit material facts in relation to a federal investigation.

Review this statement with each witness: I request that my statement be kept confidential to the extent allowed by law – OR – initial here _____ to waive confidentiality.

Signature of Interviewee

Date

(b)(7)(C)

Investigator Signature

Date

02/26/2020

Employer declined to initial or sign interview statement

ACTIVITY #: ~~1494524~~
1493607

CSHO: U2470

DATE: 09/05/19

Site entry 2:25 pm

Opening 2:28 pm

Justin Mills Graduals, nature escape

2:29 pm

Justin exited conference room

to call legal counsel re: inspections

light aroma/odor noticeable in conference room
when air handler cycled on

2:33 pm

Justin returned w/ Todd Logsdon
(along with Erika Arnold, HR Mgr

~2:38 pm

ER exited w/ att. on phone to discuss

Erika stayed in conf. room, long enough for contact inf.

Justin Mills is the D.S. manager
Erika Arnold is the H.R. manager

2:46 CSFO called Keith Moss etc → no ans.

2:46 CSFO called Keith Moss cell & left update message

2:51 CSFO called Jeff Sawoosy and

discussed inspection status; Keith
Moss present via speaker phone

3:30 p. ER returned to conf.

ACTIVITY #: 1494584
1493607

CSHO: U2470

DATE: 02/03/2019

Forklift on
ITS side
→

↑
Receiving
Int Shipping
Dom Freight
Domestic Ship
Office

(b) (7)(D)

ACTIVITY #: 1493607

CSHO: (b)(7)(C)

DATE: 09/09/2019

(b) (7) (D)

on a forklift. (b)(7)(D) doesn't have the aptitude for it even though the employer provides operator training and (b)(7)(D) has been involved in other incidents.

(b) (7) (D)

(b) (7) (D)

(b) (7) (D)

(b) (7) (D)

Justin Mills

From: Felecia Pharr
Sent: Wednesday, March 6, 2019 6:24 PM
To: (b) (7)(D)
Cc: Justin Mills; Erika Arnold
Subject: Damaged Rack/ 4A3401
Attachments: IMG_1445.JPG; ATT00001.txt; IMG_1446.JPG; ATT00002.txt; IMG_1447.JPG; ATT00003.txt

(b) (7)(D) Justin

Just a heads ups there was a incident with the forklift at location 4A3401. (b) (7)(D) was picking out of the upper racks and the forks on the lift was to close to the rack and struck the rack as (b) (7)(D) was lifting to retrieve a pallet out 4A3403. (b) (7)(D) is currently filling out the paperwork and has been removed from the lift until further notice. I have also advised (b) (7)(D) Lead (b) (7)(D) will be informed on (b) (7)(D) status when the investigation has been completed.



Occupational Safety and Health Administration

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Inspection Detail

Quick Link Reference

1400790.015 | 1309433.015

Case Status: VIOLATIONS UNDER CONTEST

Note: The following inspection has not been indicated as closed. Please be aware that the information shown may change, e.g. violations may be added or deleted. For open cases, in which a citation has been issued, the citation information may not be available for 5 days following receipt by the employer for Federal inspections or for 30 days following receipt by the employer for State inspections.

Inspection: 1400790.015 - Conmed Corporation

Inspection Information - Office: Atlanta West

Nr: 1400790.015 Report ID: 0418200 Open Date: 05/14/2019

Conmed Corporation

1250 Terminus Dr Ste 100

Lithia Springs, GA 30122

Union Status: NonUnion

SIC:

NAICS: 339112/Surgical and Medical Instrument Manufacturing

Mailing: 1250 Terminus Driveste 100, Lithia Springs, GA 30122

Inspection Type: Complaint

Scope: Partial Advanced Notice: N

Ownership: Private

Safety/Health: Health Close Conference: 08/07/2019

Close Case:

Related Activity: Type ID Safety Health

Inspection 1402249

Complaint 1450550 Yes

Referral 1458510 Yes

Case Status: VIOLATIONS UNDER CONTEST

Violation Summary

	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	1			1		2
Current Violations	1			1		2
Initial Penalty	\$13,260	\$0	\$0	\$0	\$0	\$13,260
Current Penalty	\$13,260	\$0	\$0	\$0	\$0	\$13,260

Violation Items

#	ID	Type	Standard	Issuance	Abate	Curr\$	Init\$	Fta\$	Contest	LastEvent
1.	01001A	Serious	19101047 C01	09/25/2019	10/15/2019	\$13,260	\$13,260	\$0	10/17/2019	-
2.	01001B	Serious	19101047 E01	09/25/2019	10/15/2019	\$0	\$0	\$0	10/17/2019	-
3.	01001C	Serious	19101047 F02 I	09/25/2019	10/15/2019	\$0	\$0	\$0	10/17/2019	-
4.	01001D	Serious	19101047 F01 I	09/25/2019	10/15/2019	\$0	\$0	\$0	10/17/2019	-
5.	01001E	Serious	19101047 G03 I	09/25/2019	10/15/2019	\$0	\$0	\$0	10/17/2019	-
6.	01001F	Serious	19101047 I02 I A	09/25/2019	10/15/2019	\$0	\$0	\$0	10/17/2019	-
7.	01001G	Serious	19101047 J03 II	09/25/2019	10/15/2019	\$0	\$0	\$0	10/17/2019	-
8.	02001	Other	19101047 D07 I	09/25/2019	10/15/2019	\$0	\$0	\$0	10/17/2019	-

Case Status: CLOSED

Inspection: 1309433.015 - Conmed Corporation

Inspection Information - Office: Syracuse

Nr: 1309433.015 Report ID: 0215800 Open Date: 04/18/2018
 Conmed Corporation
 525 French Road
 Utica, NY 13502 Union Status: NonUnion
 SIC:
 NAICS: 334510/Electromedical and Electrotherapeutic Apparatus Manufacturing
 Mailing: 525 French Road, Utica, NY 13502
 Inspection Type: Planned
 Scope: Complete Advanced Notice: N
 Ownership: Private
 Safety/Health: Safety Close Conference: 05/03/2018
 Emphasis: P:Amputate, N:Amputate Close Case: 05/05/2020

Case Status: CLOSED

Violation Summary

	Serious	Willful	Repeat	Other	Unclass	Total
Initial Violations	5			3		8
Current Violations	5			3		8
Initial Penalty	\$38,546	\$0	\$0	\$0	\$0	\$38,546
Current Penalty	\$25,054	\$0	\$0	\$0	\$0	\$25,054
FTA Amount	\$0	\$0	\$0	\$0	\$0	\$0

Violation Items

#	ID	Type	Standard	Issuance	Abate	Curr\$	Init\$	Fta\$	Contest	LastEvent
1.	01001	Serious	5A0001	05/29/2018		\$3,603	\$5,544	\$0		I - Informal Settlement
2.	01002	Serious	19100157 G02	05/29/2018		\$3,603	\$5,544	\$0		I - Informal Settlement
3.	01003A	Serious	19100212 A01	05/29/2018		\$6,005	\$9,239	\$0		I - Informal Settlement
4.	01003B	Serious	19100212 B	05/29/2018		\$0	\$0	\$0		I - Informal Settlement
5.	01004	Serious	19100212 A03 II	05/29/2018		\$8,239	\$12,675	\$0		I - Informal Settlement
6.	01005A	Serious	19100303 B02	05/29/2018		\$3,603	\$5,544	\$0		I - Informal Settlement
7.	01005B	Serious	19100305 G01 IV A	05/29/2018		\$0	\$0	\$0		I - Informal Settlement
8.	02001	Other	19100028 B03 IV	05/29/2018		\$0	\$0	\$0		I - Informal Settlement

10. 02003 Other 19100305 G02 III 05/29/2018 \$0 \$0 \$0 I - Informal Settlement

UNITED STATES
DEPARTMENT OF LABOR

Occupational Safety and Health Administration
200 Constitution Ave NW
Washington, DC 20210
☎ 800-321-6742 (OSHA)
TTY
www.OSHA.gov

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GEORGIA
CORPORATIONS
DIVISION

GEORGIA SECRETARY OF STATE
**BRAD
RAFFENSPERGER**

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **CONMED CORPORATION** Control Number: **11051908**

Business Type: **Domestic Profit Corporation** Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office Address: **525 French Road, Utica, NY, 13502, USA** Date of Formation / Registration Date: **7/8/2011**

State of Formation: **Georgia** Last Annual Registration Year: **2020**

REGISTERED AGENT INFORMATION

Registered Agent Name: **C T Corporation System**

Physical Address: **289 S Culver St, Lawrenceville, GA, 30046-4805, USA**

County: **Gwinnett**

OFFICER INFORMATION

Name	Title	Business Address
Curt Hartman	CEO	525 French Road, Utica, NY, 13502, USA
Daniel Jonas	Secretary	525 French Road, Utica, NY, 13502, USA
Johonna Pelletier	CFO	525 French Road, Utica, NY, 13502, USA

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