



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

February 23, 2024

KING COUNTY
King County Solid Waste Division
401 Fifth Ave
Cnk-Hr-0235
Seattle, WA 98104

OSHA #: 1716483
Inspection: 317977593
UBI: 578037394
Region: 02-Health
Inspector ID: P2400
Reference: 203414110

Dear Employer:

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

- **Citation Invoice** – No penalties were assessed.
- **Citation and Notice of Assessment** – Washington Administrative Code (WAC) Violations.
- **Employer Certification of Abatement instruction and form** - Correct all violations and return written verification or penalties may result.
- **Employer Appeal Rights** – You have 15 working days to appeal this citation.

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

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

Please visit <https://www.lni.wa.gov/agency/public-disclosure/> if you would like to request a copy of the inspection file. Your choices are:

- Safety & Health Citation Only
- Safety & Health Brief Inspector Summary Report (short description the inspector writes to summarize the reason for the inspection only – not complete file)
- Safety & Health Citation and Complete Inspection File (The complete legal file which contains the detailed information regarding the inspector’s findings, the citation, and calculation of any penalty. This will be especially helpful if you are contemplating filing an appeal.)

If you have questions, call the compliance supervisor, Niloufar Ghodsian, at (206) 953-3361.

Respectfully,

L&I Assistant Director
Division of Occupational Safety & Health

Enclosure(s)



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

Invoice

Inspection: 317977593

UBI: 578037394
Legal Name: KING COUNTY
DBA Name: King County Solid Waste Division
Inspection 16645 228th Ave SE,
Site: Maple Valley, WA, 98038

Issued: February 23, 2024
Opening Conference: December 14, 2023
Closing Conference: February 13, 2024
Inspector ID: P2400

No penalties were assessed.



Post This Document

Citation and Notice of Assessment Citación por Infracción y Multa Civil Inspection: 317977593

UBI: 578037394

Issued: February 23, 2024

Legal Name: KING COUNTY

Opening Conference: December 14, 2023

DBA Name: King County Solid Waste Division

Closing Conference: February 13, 2024

Inspection Site: 16645 228th Ave SE Maple Valley, WA 98038

Inspector ID: P2400

Violation 1 Item 1

Violation Type: General

WAC 296-800-14005(1)

The employer did not develop a complete written Accident Prevention Program (APP), in that; it was not tailored to the workplace, as it did not cover any arsenic hazards in the safety plans.

Hazards with potential for serious illness can be controlled through a properly developed and implemented Accident Prevention Program.

The absence of a complete tailored APP can result in illness when employees do not know all hazards at their job.

The following additional correction documentation is required for this violation:

Please provide a copy of your accident prevention program (APP) in accordance with WAC 296-800-14005.

WAC 296-800-14005 Develop a formal, written accident prevention program.

(2) You must make sure your Accident Prevention Program contains at least the following elements:

(a) A safety orientation: including all the requirement including,

(vii) Identification of hazardous gases, chemicals, or materials on-the-job and instruction about the safe use and emergency action to take after accidental exposure.

Please describe how you've abated this hazard on your Employer Certification of Abatement form and send all documentation to:

Rory Peterson
Department of Labor and Industries
12806 Gateway Drive S., Tukwila WA 98168
-or-
Email: prov235@lni.wa.gov

Note: Email is preferred. Please let me know if you plan to mail the abatement documentation.

Correct by: 3/17/2024
Assessed penalty: \$0.00



Post This Document

**Citation and Notice of Assessment
Citación por Infracción y Multa Civil
Inspection: 317977593**

Violation 1 Item 2

Violation Type: General

WAC 296-800-16005

The employer did not include potential arsenic hazards in their PPE hazard assessments to determine what PPE was necessary to protect employees from potential workplace hazards.

Employees could be exposed to arsenic when working at the Cedar Hills Regional Landfill without the employer having PPE hazard assessments that included arsenic hazards.

Without complete PPE hazard assessments, employees may not have all the PPE necessary to protect themselves and may become sick. Cited for not including all hazards in their PPE hazard assessments.

The following additional correction documentation is required for this violation:

Please send in your revised PPE hazard assessments for each task that has the potential for arsenic exposure per WAC 296-800-16005, along with your Employer Certification of Abatement, and send to:

Rory Peterson
Department of Labor and Industries
12806 Gateway Drive S., Tukwila WA 98168

-or-

Email: prov235@lni.wa.gov

Note: Email is preferred. Please let me know if you plan to mail the abatement documentation.

**Correct by: 3/17/2024
Assessed penalty: \$0.00**



Post This Document

**Citation and Notice of Assessment
Citación por Infracción y Multa Civil
Inspection: 317977593**

Violation 1 Item 3

Violation Type: General

WAC 296-842-10505

The employer did not designate a program administrator for their respiratory protection program.

Employees wore N95 and ½ face elastomeric respirators when working at the landfill and were not aware of who the respiratory protection program administrator was.

Without a program administrator, employees may not know whom to contact with questions or concerns regarding safe respirator use. Cited for not having a designated a program administrator.

The following additional correction documentation is required for this violation:

You must send your updated voluntary respirator program that identifies the designated respiratory protection program administrator.

Please describe how you have abated this hazard on your Employer Certification of Abatement forms and send all documentation to:

Rory Peterson
Department of Labor and Industries
12806 Gateway Drive S., Tukwila WA 98168
-or-
Email: prov235@lni.wa.gov

Note: Email is preferred. Please let me know if you plan to mail the abatement documentation.

**Correct by: 3/17/2024
Assessed penalty: \$0.00**

Employer Certification of Abatement Instructions Inspection: 317977593

What you must do now:

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

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

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

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

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

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

For more information, contact:

Or call: (206) 953-3361

Niloufar Ghodsian, Compliance Supervisor

Department of Labor and Industries

12806 Gateway Dr. S

TUKWILA, WA 98168

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



Employer Certification of Abatement Form

Inspection: 317977593

UBI: 578037394

Issued: February 23, 2024

Legal Name: KING COUNTY

DBA Name: King County Solid Waste Division

Site Address: 16645 228th Ave SE, Maple Valley, WA, 98038

You must complete this form and return it to: **RORY PETERSON**
Department of Labor & Industries
12806 Gateway Dr S,
TUKWILA, WA 98168
 Or Fax to:
 Or Email to: prov235@lni.wa.gov

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

Violation, Item & Group#	Type of Violation	WAC# Violated	Correction Due Date
1-1	General	WAC 296-800-14005(1)	3/17/2024
Violation Summary: APP not tailored to their workplace, as they did not cover arsenic.			
How you corrected the hazard →			
Date you corrected the hazard →			
1-2	General	WAC 296-800-16005	3/17/2024
Violation Summary: Arsenic hazards not covered in PPE hazard assessments.			
How you corrected the hazard →			
Date you corrected the hazard →			
1-3	General	WAC 296-842-10505	3/17/2024
Violation Summary: Employer did not have a designated respiratory program administrator.			
How you corrected the hazard →			

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

Signature Name

Title Date Phone No.

DOSH USE ONLY

DOSH Reviewer's Signature Date



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

Employer Certification of Abatement Form

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RORY PETERSON
Department of Labor & Industries
12806 Gateway Dr S,
TUKWILA, WA 98168
 Or Fax to:
 Or Email to: prov235@lni.wa.gov

Date you corrected the hazard →

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

Signature

Name

Title

Date

Phone No.

DOSH USE ONLY

DOSH Reviewer's Signature

Date

For Employers

If you are cited for a violation of Occupational Safety and/or Health rules, you have the right to appeal the citation. **You have 15 working days from the date you receive this citation to appeal.** (RCW 49.17.140(1)) "Working day" means a calendar day, except Saturdays, Sundays and all legal state holidays. Your appeal must be in writing. It may be mailed, faxed, personally delivered or electronically filed. If you electronically file, the Department will send an automated acknowledgement that the appeal was received. **If you do not receive acknowledgement, please ensure you have addressed it to the correct email.** You can also contact the Appeals Program at the number listed below.

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

Your appeal must include:

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

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

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

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

Posting requirement:

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

For Employees or Their Representatives

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

Your appeal must include:

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

Send all appeals to:

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

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

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