

## State of Tennessee

Department of Labor and Workforce Development  
220 French Landing Drive  
Nashville, TN 37243  
Phone: 615-741-2793 Fax: 615-253-1623



# Citation and Notification of Penalty

**To:**  
Wacker Polysilicon North America LLC.  
and its successors  
PO Box 446  
Charleston, TN 37310

**Inspection Number:** 1295235  
**Inspection Date (s):** 09/08/2017  
**Issuance Date:** 03/02/2018  
**Reporting ID:** 0454713  
**CSHO ID:** D7489  
**Optional Report #:** 027-2017

**Inspection Site:**  
553 Wacker Blvd  
Charleston, TN 37310

*The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.*

On 09/08/2017, an inspection of your establishment/workplace was conducted by the Tennessee Occupational Safety and Health Administration (TOSHA) pursuant to Tennessee Code Annotated §§ 50-3-101 through 50-3-918. This Citation and Notification of Penalty (hereafter referred to as this Citation) allege violations of standards and/or rules promulgated under the provisions of the Code. These alleged violations must be corrected on or before the date indicated with each violation description.

Under the Code, employers have certain responsibilities and rights regarding citations for alleged violations.

## EMPLOYER RESPONSIBILITIES

### POST THIS CITATION

T.C.A. § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require this Citation (or a copy) to be immediately posted at or near the location where each alleged violation occurred, or if not practicable, in a prominent place visible to all employees. This Citation must remain posted until the alleged violations are corrected but for no less than three (3) working days. Equipment, referenced in this Citation, that is moved during the correction period, must have a copy of this Citation attached. Failure to post this Citation subjects the employer to a penalty of up to \$3,000.00 for each Citation not posted.

### CORRECT THE VIOLATIONS

You must correct each violation by the date listed in this Citation unless you request an extension or file a notice of contest. (See "Formal Contest" below.)

## EXTENSION OF CORRECTION DATES

- 1) You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. The request must be in writing and filed with the TOSHA area office supervisor no later than the end of the business day on the day after the original abatement date. The request must include the following information:
  - a) Steps taken to-date to correct the cited conditions.
  - b) Additional time needed to achieve compliance.
  - c) The reasons additional time is necessary.
  - d) All interim steps being taken to safeguard employees against the cited hazard.
  - e) A dated certification that a copy of the request has been posted and, if appropriate, served on the authorized representative of affected employees.

The employer shall post a copy of the request in a conspicuous place for a period of twenty (20) calendar days. The area supervisor then has ten (10) days after the posting period to grant or deny the request and will inform the employer of such, in writing, by the end of the ten (10) day period.

To request an extension of correction date(s), contact David Thomas, Area Supervisor at telephone (423) 634-6424 or fax (423) 634-8179.

## NOTIFY TOSHA OF CORRECTIVE ACTION

You must notify David Thomas, in writing, when correction of each alleged violation has been completed. Enclosed is the Abatement Certification Form to be used to report corrective action taken for each violation. Instructions for completing this form are also enclosed.

You must also notify your employees and their representatives (if represented) of corrective action taken by posting the Abatement Certification Form, or by other effective means.

For items identified in this Citation as “**Abatement Verification Required**”, you must include additional documentation such as photographs, receipts, work orders, etc. to verify the corrective action taken. Failure to provide this additional documentation to TOSHA will subject the employer to additional penalties of up to \$1,000.00. This additional documentation must also be posted at or near where the violation occurred. Failure to post the additional documentation will subject the employer to additional penalties of up to \$3,000.00.

## PAYMENT OF PENALTY

Payment for the penalty is **due in full thirty (30) days from the date of receipt of this Citation and Notification of Penalty** unless a notice of contest is filed. Correction of alleged violation(s) does not excuse you from payment of any penalty which has become a final order of the Department of Labor and Workforce Development. Penalties not paid within thirty (30) days from the date of receipt will be assessed late fees and interest (see the Penalty Notice enclosed). Penalties should be paid by check or money order made payable to: “Treasurer State of Tennessee.” Mail payments to the following address:

State of Tennessee, Department of Labor and Workforce Development  
Division of Occupational Safety and Health  
Attn: Penalty Payments  
220 French Landing Drive  
Nashville, TN 37243-1002

## EMPLOYER RIGHTS

### INFORMAL CONFERENCE

You may request an informal conference to discuss the alleged violations and/or penalties. Informal conferences **must be held within twenty (20) days of the receipt of this Citation and Notification of Penalty**. To schedule an informal conference, contact David Thomas, Area Supervisor at telephone (423) 634-6424 or fax (423) 634-8179. Twenty four (24) hours prior to the informal conference post the "Notice to Employees of Informal Conference" and bring a copy of the notice to the informal conference. A copy of the notice is enclosed.

### FORMAL CONTEST

You have the right to contest any or all parts of this Citation and/or the penalties before the Tennessee Occupational Safety and Health Review Commission. If you choose to contest, you must submit written notification to the Commissioner of Labor and Workforce Development stating what parts of this Citation and Notification of Penalty you are contesting. Notification **must be received within twenty (20) calendar days of receipt of this Citation and Notification of Penalty**. If you do not contest within the twenty (20) calendar day period, this Citation and Notification of Penalty shall be deemed a final order and not subject to further review by any agency or court (T.C.A. §§ 50-3-307(b) and 50-3-407, and Tennessee Department of Labor and Workforce Development Rules Chapter 0800-01-04).

### ADDITIONAL INFORMATION

For additional information, contact David Thomas, Area Supervisor, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health, 1301 Riverfront Parkway Suite 202, Chattanooga, TN 37402.

## ABATEMENT CERTIFICATION FORM INSTRUCTIONS

- 1) Complete this form for each cited violation item as follows:
  - a) Enter the citation number and item number in the first column
  - b) Enter the date the item was corrected in the second column
  - c) Explain in detail how each cited violation item was corrected in the third column (See examples below)
- 2) You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. The request must be in writing and filed with the TOSHA area office supervisor no later than the end of the business day on the day after the original abatement date. The request must include the following information:
  - a) Steps taken to-date to correct the cited conditions.
  - b) Additional time needed to achieve compliance.
  - c) The reasons additional time is necessary.
  - d) All interim steps being taken to safeguard employees against the cited hazard.
  - e) A dated certification that a copy of the request has been posted and, if appropriate, served on the authorized representative of affected employees.

The employer shall post a copy of the request in a conspicuous place for a period of twenty (20) calendar days. The area supervisor then has ten (10) days after the posting period to grant or deny the request and will inform the employer of such, in writing, by the end of the ten (10) day period.

- 3) To request an extension of abatement/correction, contact David Thomas, Area Supervisor at telephone (423) 634-6424 or fax (423) 634-8179.
- 4) Mail or fax the completed form to the Area Office shown on the form
- 5) Contact the Area Office Supervisor for additional information or if you have any questions
- 6) Additional copies can be obtained electronically at:  
[http://tn.gov/assets/entities/labor/attachments/TOSHA\\_Abatement\\_Form\\_2001.pdf](http://tn.gov/assets/entities/labor/attachments/TOSHA_Abatement_Form_2001.pdf)

## Examples of How to Complete the Form

Citation & Item #	Date Corrected	HOW CORRECTED
1/1	02/16/2008	<p>The unguarded band saw #1234 located in the maintenance area was fitted with a factory made guard purchased from Ajax Equipment Co. The unused portion of the blade is now fully enclosed in a metal guard. Employees have been trained in the proper use of safety equipment.</p> <p>(NOTE: This item was identified as "Abatement/Correction Documentation Required" - We have also enclosed photographs of the newly guarded saw and a copy of the purchase documents from Ajax Equipment the parts supplier.)</p>
2/1a	02/18/2008	<p>A plumbed emergency eyewash and drench shower were installed by ABC Plumbing Co in the acid mixing area. Employees have been trained in the proper use and maintenance of this emergency equipment.</p>
2/1b	02/24/2008	<p>A written hazard communication program has been developed (copy enclosed). All employees have been trained about the haz com program and its components. They have also been trained in the proper use of the specific chemicals they may use in performing their jobs.</p>
2/4	<p>REQUEST EXTENSION OF ABATEMENT PERIOD</p>	<p>We ordered deluge showers on 12/15/15 (P.O. #76) and were informed that they would be shipped 12/16/15. Request extension until 01/17/16. As an interim safety precaution, we temporarily provided rubber water hoses at faucets near the plating tanks. Personal protective equipment is mandatory for this area.</p> <p><i>I certify that a copy of this request was posted on the employee' bulletin board on (date) and that employees have been informed of their rights under the Act.</i></p> <p>OR</p> <p>We ordered deluge showers on 12/15/15 (P.O. #76) and were informed that they would be shipped 12/16/15. Request extension until 01/17/16. As an interim safety precaution, we temporarily provided rubber water hoses at faucets near the plating tanks. Personal protective equipment is mandatory for this area.</p> <p><i>I certify that a copy of this request was posted on the employees' bulletin board on (date) and that employees have been informed of their rights under the Act.</i></p>





**State of Tennessee**  
Department of Labor and Workforce Development  
Division of Occupational Safety and Health (TOSHA)

**NOTICE TO EMPLOYEES  
OF  
INFORMAL CONFERENCE**

An informal conference has been scheduled with TOSHA to discuss the Citation and Notification of Penalty. The conference will be held at the TOSHA office located at 1301 Riverfront Parkway Suite 202, Chattanooga, TN 37402 on \_\_\_\_\_ (date) at \_\_\_\_\_ (time). Employees and/or representatives of employees have a right to attend an informal conference.

Post this notice twenty-four (24) hours prior to the informal conference.

A copy of this notice must be brought to the informal conference.

**State of Tennessee**

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Inspection Number: 1295235  
CSHO ID: D7489  
Optional Report #: 027-2017  
Inspection Date(s): 09/08/2017  
Issuance Date: 03/02/2018



**Citation and Notification of Penalty**

Company Name: Wacker Polysilicon North America LLC  
Inspection Site: 553 Wacker Blvd Charleston, TN 37310

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

29 CFR 1910.119(d)(3)(ii): The employer did not ensure that equipment complies with recognized and generally accepted good engineering practices.

In that the employer did not ensure that equipment in the process complies with recognized and generally accepted good engineering practices (RAGAGEP)

- a) In that the employer failed to ensure that the deflagration venting in the following Hydrogen compressor rooms located in Building B156 complied with National Fire Protection Association (NFPA) 68 Standard on Explosion Protection:
  - 1) Compressor room 114 housing compressor T101 was not designed with adequate deflagration venting to reduce the likelihood of extensive structural damage and injuries to personnel.
  - 2) Compressor room 110 housing compressor T102 was not designed with adequate deflagration venting to reduce the likelihood of extensive structural damage and injuries to personnel.
  - 3) Compressor room 112 housing compressor T103 was not designed with adequate deflagration venting to reduce the likelihood of extensive structural damage and injuries to personnel.
  - 4) Compressor room 115 housing compressor T104 was not designed with adequate deflagration venting to reduce the likelihood of extensive structural damage and injuries to personnel.
- b) In that the employer failed to ensure that the Variable Frequency Drive room 111 located in Building B156 had equipment capable of providing positive pressure to prevent a hazardous atmosphere as referenced in National Fire Protection Association (NFPA) 496 Standard for Purged and Pressurized Enclosures for Electrical Equipment.

**ABATEMENT VERIFICATION REQUIRED**

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

**April 06, 2018**  
**\$7000.00**





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**Citation and Notification of Penalty**

**Company Name:** Wacker Polysilicon North America LLC  
**Inspection Site:** 553 Wacker Blvd Charleston, TN 37310

Citation 1 Item 4                      **Type of Violation:      Serious**

29 CFR 1910.147(f)(3)(ii)(D): Each authorized employee did not affix a personal lockout or tagout device to the group lockout device before working on the machine or equipment:

In that the new employees and intern employees participating in line breaks that require the use of group lockout, were not required to put an individual lock on the group lockout box to ensure that they are not exposed to the unexpected start up, energization, or release of stored energy.

ABATEMENT VERIFICATION REQUIRED

**Date By Which Violation Must be Abated:** **April 06, 2018**  
**Proposed Penalty:** **\$3200.00**

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

29 CFR 1910.147(c)(7)(i): The employer did not provide adequate training to ensure that the purpose and function of the energy control program was understood by employees:

In that the employer did not provide training to all authorized employees so that they were knowledgeable of the methods and means necessary to perform work safely under the employer's Lock, Tag, Try program.

ABATEMENT VERIFICATION REQUIRED

**Date By Which Violation Must be Abated:** **April 06, 2018**  
**Proposed Penalty:** **\$3200.00**

**State of Tennessee**

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Inspection Number: 1295255  
CSHO ID: D7489  
Optional Report #: 027-2017  
Inspection Date(s): 09/08/2017  
Issuance Date: 03/02/2018



**Citation and Notification of Penalty**

**Company Name:** Wacker Polysilicon North America LLC.  
**Inspection Site:** 553 Wacker Blvd Charleston, TN 37310

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

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

In that a bottle of an unknown chemical was found in the control room of Building B156 that was not labeled as to what was in the container (presumed to be alcohol) and what hazards were associated with it.

**Date By Which Violation Must be Abated:** April 06, 2018  
**Proposed Penalty:** \$500.00

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

29 CFR 1910.1200(h)(2)(iii): The employer did not provide information to the employees as to the location and availability of the written hazard communication program, and material safety data sheets required by 29 CFR 1910.1200:

In that all employees were not aware of where the Safety Data Sheets were located for the hazardous chemicals that they worked with such as, but not limited to, Chlorosilanes and Hydrogen.

**Date By Which Violation Must be Abated:** April 06, 2018  
**Proposed Penalty:** \$500.00

\_\_\_\_\_  
**Steve Hawkins, Administrator**  
**Division of Occupational Safety and Health**

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**PENALTY NOTICE**

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**PENALTY PAYMENT DUE**

Pursuant to T.C.A. §§ 50-3-402 through 408 your company has been assessed a monetary penalty. To avoid the addition of interest and delinquent fees, payment of this penalty is due in full no later than thirty (30) calendar days from the date you received this Citation and Notification of Penalty unless a notice of contest is filed. Penalties should be paid by check or money order payable to "Treasurer State of Tennessee." Mail payment to the following address:

**State of Tennessee, Department of Labor and Workforce Development  
Division of Occupational Safety and Health  
Attn: Penalty Payments  
220 French Landing Drive  
Nashville, TN 37243-1002**

**DELINQUENT FEES AND INTEREST**

Pursuant to T.C.A. § 50-3-107 interest and delinquent fees will be assessed for all unpaid penalty amounts that are over thirty (30) calendar days from the date you received this Citation and Notification of Penalty.

Interest charges will be assessed every thirty (30) days, at an interest rate established pursuant to T.C.A. § 67-1-801(a)(1). In addition to the interest applied, a delinquent fee of ten percent (10%) will be assessed for each penalty unpaid at thirty (30), sixty (60), and ninety (90) days to a maximum of thirty percent (30%).

Unpaid penalties are referred to the Attorney General for collection at one hundred eighty (180) days past due.

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Company Name: Wacker Polysilicon North America LLC  
Inspection Site: 553 Wacker Blvd Charleston, TN 37310

**SUMMARY OF PENALTIES FOR INSPECTION NUMBER** 1295235

Citation 1 Item 1, Serious	\$7,000.00
Citation 1 Item 2, Serious	\$7,000.00
Citation 1 Item 3, Serious	\$4,000.00
Citation 1 Item 4, Serious	\$3,200.00
Citation 1 Item 5, Serious	\$3,200.00
Citation 2 Item 1, Other-than-Serious	\$500.00
Citation 2 Item 2, Other-than-Serious	\$500.00
<b>TOTAL PROPOSED PENALTIES:</b>	<b>\$25,400.00</b>

Steve Hawkins, Administrator  
Division of Occupational Safety and Health

MAR 02 2018

Date

SUBMIT PAYMENT BY:

APR 01 2018

TO OUR NASHVILLE OFFICE