

Este documento es muy importante. Si No habla inglés,  
busque un traductor o llame al (856) 596-5200.

**U.S. Department of Labor** Occupational Safety and Health Administration  
701 Route 73 South Building 2, Suite 120  
Marlton, NJ 08053  
Phone: (856) 596-5200 Fax: (856) 596-5201



December 21, 2015

Dear Chad Franciscus,

On 07/01/2015, an OSHA compliance officer met with you or your representative as part of an inspection at 50 New Canton Way Robbinsville, NJ 08691. This letter includes the citations for the violations that were found (see summary below). Please choose one of the three options from the box to the right and complete the associated steps found on the following page **within 15 working days**. Please call us if you have any questions about the enclosed citation and/or penalties; we are here to help you choose the best option to resolve your citation as quickly as possible.

Sincerely,

Paula Dixon-Roderick, Area Director

**Your Citation Summary**  
Amazon Fulfillment Services  
Inspection Number: 1074833

**Total Amount Due:** \$7,000.00  
**Payment Due Date:** 15 working days  
after receipt of  
this letter

*You must correct each violation by the date listed in the Citation and Notification of Penalty. Please see the violations and the correction deadline for each violation starting on page 6.*

**Total Number of Violations :** 1

**Your First Correction Deadline is:**  
1/13/2016

**Step 1 – Choose a Response  
Option and  
Act within 15 working days**

Respond now before you lose the ability to discuss potential adjustments to penalty amounts and/or due dates. Please choose one option below and complete the steps on the next page.

**Option #1 – Discuss with OSHA**

I would like to discuss the citation with an OSHA representative. This may lead to changes in the penalty amount, due date or correction deadlines (if appropriate).

**Option #2 – Correct and Pay**

I agree with the citation, penalties, and correction deadlines, and do not contest.

**Option #3 – Contest the Citation**

I do not agree with the citation, penalties, and/or correction deadlines, and would like to contest.

**Questions or Concerns?**

If you have any questions or concerns regarding the citation, penalties, and/or correction deadlines, please call us at (856) 596-5200.

## Step 1 – Complete One Option Checklist

Please post a copy of the citation at or near the place where each violation occurred, even if you plan to contest. You can use the checklist to the right to help plan your next steps. Please do not send in your checklist.

### Option #1 – Discuss with OSHA

I will complete by:



1. Call: Kristine Logue, Assistant Area Director, at (856) 596-5200 as soon as possible to schedule a meeting with an OSHA representative that must occur **within 15 working days** of receiving this citation. Bring supporting documentation of existing conditions and corrections done thus far. If necessary, you can still contest the citation after this meeting. **\*\*This meeting does NOT extend your 15 working day deadline to contest the citation.\*\***
2. Fill in and post the attached "Notice to Employees OSHA Informal Conference" after scheduling meeting.

 \_\_\_ / \_\_\_ \_\_\_ / \_\_\_

### Option #2 – Correct Violations and Pay Penalty

I will complete by:



1. Correct violations, then complete and mail the attached "Certification of Corrective Action Worksheet" along with the appropriate evidence of repair (e.g. photos, purchase orders, etc.) to the OSHA office listed on the first page, **postmarked within 10 calendar days after each violation's correction deadline and include any required evidence. If these documents are transmitted by means other than mailing, the date the Agency received the documents is the date of submission.**
2. Pay the Total Penalty by using one of the following methods:  
**\*\*Include your Inspection Number (see first page) on the payment.\*\***

 \_\_\_ / \_\_\_ \_\_\_ / \_\_\_

*Pay Online:* Search "OSHA" on [www.pay.gov](http://www.pay.gov) and complete the "OSHA Penalty Payment Form." Pay by debit, credit or Automated Clearing House (ACH) within **15 working days**. Penalties over \$25,000 must be paid by ACH and require a Transaction ID (Call 202-693-2170 to obtain one).

*Pay by Check:* Mail check or money order payable to "DOL-OSHA" for the Total Penalty to the OSHA office listed on the first page **within 15 working days**.



### Option #3 – Contest the Citation

I will complete by:



Mail a letter of intent to legally contest to the OSHA office listed on the first page, postmarked within **15 working days**.

 \_\_\_ / \_\_\_

**U.S. Department of Labor**  
Occupational Safety and Health Administration  
701 Route 73 South  
Building 2, Suite 120  
Marlton, NJ 08053  
Phone: 856-596-5200 Fax: 856-596-5201



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## Citation and Notification of Penalty

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**To:**  
Amazon Fulfillment Services  
and its successors  
50 New Canton Way  
Robbinsville, NJ 08691

**Inspection Number:** 1074833  
**Inspection Date(s):** 07/01/2015 – 12/07/2015  
**Issuance Date:** 12/21/2015

**Inspection Site:**  
50 New Canton Way  
Robbinsville, NJ 08691

*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.*

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This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty **you either call to schedule an informal conference (see paragraph below) or you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above.** Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission 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.

**Informal Conference** - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working 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 Area Director within 15 working 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 the 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 Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.**

**Penalty Payment** – Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to “DOL-OSHA”. Please indicate the Inspection Number on the remittance. You can also make your payment electronically on [www.pay.gov](http://www.pay.gov). On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "OSHA" and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is:

<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>.

You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$25,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

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

**Notification of Corrective Action** – For each violation which you do not contest, you must provide ***abatement certification*** to the Area Director of the OSHA office issuing the citation and identified above. This abatement certification is to be provided by letter within 10 calendar days after each abatement date. Abatement certification includes the date and method of abatement. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item. The abatement certification letter must be posted at the location where the violation appeared and the corrective action took place or employees must otherwise be effectively informed about abatement activities. A sample abatement certification letter is enclosed with this Citation. In addition, where the citation indicates that ***abatement documentation*** is necessary, evidence of the purchase or repair of equipment, photographs or video, receipts, training records, etc., verifying that abatement has occurred is required to be provided to the Area Director.

**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 U.S. Department of Labor Area Office at the address shown above.

**Employer Rights and Responsibilities** – The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

**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 U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.

**Inspection Activity Data** – You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation. You are encouraged to review the information concerning your establishment at [www.osha.gov](http://www.osha.gov). If you have any dispute with the accuracy of the information displayed, please contact this office.



## NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 12/21/2015. The conference will be held by telephone or at the OSHA office located at 701 Route 73 South, Building 2, Suite 120, Marlton, NJ 08053 on \_\_\_\_\_ at

\_\_\_\_\_. Employees and/or representatives of employees have a right to attend an informal conference.

**CERTIFICATION OF CORRECTIVE ACTION WORKSHEET**

**Inspection Number: 1074833**

Company Name: Amazon Fulfillment Services  
Inspection Site: 50 New Canton Way, Robbinsville, NJ 08691  
Issuance Date: 12/21/2015

List the specific method of correction for each item on this citation in this package that does not read "Corrected During Inspection" and return to: **U.S. Department of Labor – Occupational Safety and Health Administration, 701 Route 73 South, Building 2, Suite 120, Marlton, NJ 08053**

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

Citation Number \_\_\_\_\_ and Item Number \_\_\_\_\_ was corrected on \_\_\_\_\_  
By (Method of Abatement): \_\_\_\_\_

I certify that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

**NOTE: 29 USC 666(g)** whoever knowingly makes any false statements, representation or certification in any application, record, plan or other documents filed or required to be maintained pursuant to the Act shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment of not more than 6 months or both.

**POSTING:** A copy of completed Corrective Action Worksheet should be posted for employee review



### Citation and Notification of Penalty

**Company Name:** Amazon Fulfillment Services  
**Inspection Site:** 50 New Canton Way, Robbinsville, NJ 08691

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

29 CFR 1904.4(a): The employer did not record each work-related fatality, injury or illness case that resulted in the general recording criteria on the OSHA Form 300 or equivalent.

Throughout facility: On or about 7/1/15 until 11/1/15 the employer did not record the following workplace injuries or illnesses on the OSHA Form 300 or equivalent for the calendar year 2015:

- a) Pick to consolidate: On 8/9/15 an employee removed a full tote from the pick conveyor and developed pain in the left shoulder and neck. The employee was placed on light duty/work restriction, prescribed home exercises and prescribed medication.
- b) B-mod southside VMC: On 9/16/15 an employee suffered right shoulder pain after pushing a juice cart onto an elevator that had gotten stuck on the floor space. The employee was placed on light duty/work restriction and prescribed home exercises and medication.
- c) Pack singles: On 9/11/15 an employee developed pain in the neck and upper back after packing boxes in a restricted space. The employee was placed on light duty/work restriction, prescribed medication and prescribed home exercises.
- d) Gift wrap center: On 7/14/15 an employee tripped over a cart and hit her head on the floor. The employee was prescribed medication, missed two days of work and was placed on light duty/work restriction for five days.
- e) Pick area: On 7/15/15 an employee was lifting a box and felt pain in her left wrist. The employee was placed on light duty/work restriction and assigned physical therapy treatment.
- f) Warehouse: On 7/16/15 an employee was unloading a trailer and was hit in the nose with a box weighing approximately 15-20 pounds. The employee was placed on light duty/work restriction for three days, prescribed home exercises and had his wound glued closed.
- g) EWR4: On 7/18/15 an employee was loading a heavy item on a low cart and felt his knee pop. The employee was placed on light duty/work restriction from 7/27/15 until 9/1/15 when he was placed out

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



### Citation and Notification of Penalty

**Company Name:** Amazon Fulfillment Services  
**Inspection Site:** 50 New Canton Way, Robbinsville, NJ 08691

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of work.

h) Induct AFE1: On 7/19/15 an employee was lifting a box and felt a pulling sensation in her left shoulder. The employee was given a prescription, placed on light duty/work restriction, prescribed physical therapy and placed out of work on 8/13/15.

i) Stow 3102 a-module: On 7/2/15 an employee developed lower back pain after stowing items onto a juice cart. The employee was placed on light duty/work restriction and prescribed medications.

j) B3 pick station 300 side: On 8/12/15 an employee was lifting an item out of a bin and developed back pain. The employee was placed on light duty/work restriction, prescribed medications and prescribed home exercises.

k) Pick: On 8/19/15 an employee was lifting a box and got pain in his left wrist. The employee was placed on light duty/work restriction, was given a prescription and prescribed occupational therapy.

l) On 8/24/15 an employee was lifting a box and turned and felt a pop in the right knee. The employee was given a prescription and was placed on light duty/work restriction for 14 days and then placed out of work on a medical leave of absence.

m) AFE to Pick: On 8/24/15 an employee was lifting a box and it began to fall. While trying to catch the box the employee felt a pull and heard a pop in the left shoulder that created pain that led into the left arm. The employee was placed on light duty/work restriction for 56 days, was given a prescription and was prescribed physical therapy.

n) Warehouse: On 9/3/15 an employee was carrying a box and ran into a wall hitting her right chest and shoulder. The employee was placed on light duty/job restriction, had lost work time and was prescribed physical therapy.

o) Pick: On 9/25/15 an employee sustained a left elbow injury after pulling, pushing and lifting totes. The employee was placed on light duty/work restriction for five days, placed on home exercises and prescribed medication.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



### Citation and Notification of Penalty

**Company Name:** Amazon Fulfillment Services  
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- p) On 10/8/15 an employee was pushing a cart and felt a pop in his knee which later gave out. The employee was placed on light duty/work restriction and was prescribed physical therapy.
- q) Pack singles: On 9/25/15 an employee was unpacking a tote and developed pain in her shoulder and back. The employee was placed on light duty/work restriction and was prescribed physical therapy.
- r) Scan Verify AFE: On 8/28/15 an employee was struck in the head by a package. The employee was placed on light duty/work restriction for 19 days.
- s) RSR: On 8/17/15 an employee was stepping off of an order picker and sprained her right ankle. The employee was placed on light duty/work restriction for approximately one month, prescribed physical therapy and prescribed medication.
- t) Chuting/Scan Verify AFE: On 8/18/15 an employee was taking items out of a chute and felt pain in her right hand that resulted in swelling in her right hand and arm. The employee was placed on light duty/work restriction for approximately three weeks.
- u) Induct: On 8/12/15 an employee was lifting a heavy box out of a tote and developed back pain. The employee was placed out of work, placed on light duty/work restriction for approximately one month and prescribed physical therapy.
- v) Shipping dock: On 8/14/15 an employee picked up a heavy box to carry it to a pallet and developed back pain. The employee was prescribed medication, placed on light duty/work restriction for approximately one month, prescribed home exercises and placed out of work for 15 days.
- w) Pick: On 7/27/15 an employee was picking pods and developed pain in the left shoulder. The employee was placed on light duty/work restriction, prescribed medication and physical therapy.
- x) B-mod south 2nd floor: On 9/6/15 an employee was performing Water Spider duties and developed lower back pain. The employee was prescribed medications.
- y) Pick: On 8/31/15 an employee developed back pain after catching a falling case of water. The

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

**U.S. Department of Labor**  
Occupational Safety and Health Administration

**Inspection Number:** 1074833  
**Inspection Date(s):** 07/01/2015 - 07/01/2015  
**Issuance Date:** 12/21/2015



**Citation and Notification of Penalty**

**Company Name:** Amazon Fulfillment Services  
**Inspection Site:** 50 New Canton Way, Robbinsville, NJ 08691

employee was placed on light duty/work restriction for approximately two months and prescribed home exercises, physical therapy and medication.

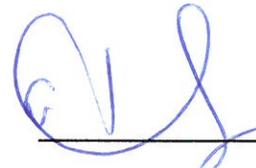
z) AFE 1 packing wall 61: On 8/25/15 an employee developed lower back and groin pain. The employee was placed on light duty/work restriction and was prescribed medication.

NOTE: IN ADDITION TO ABATEMENT CERTIFICATION, THE EMPLOYER IS REQUIRED TO SUBMIT ABATEMENT DOCUMENTATION FOR THIS ITEM. FAILURE TO COMPLY WILL RESULT IN AN ADDITIONAL PENALTY OF \$1,000 IN ACCORDANCE WITH 29 CFR 1903.19.

**ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM**

Date By Which Violation Must be Abated:  
Proposed Penalty:

01/13/2016  
\$7000.00

  
\_\_\_\_\_  
**Paula Dixon-Roderick**  
Area Director

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

**U.S. Department of Labor**  
Occupational Safety and Health Administration  
701 Route 73 South  
Building 2, Suite 120  
Marlton, NJ 08053  
Phone: 856-596-5200 Fax: 856-596-5201



## INVOICE / DEBT COLLECTION NOTICE

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**Company Name:** Amazon Fulfillment Services  
**Inspection Site:** 50 New Canton Way, Robbinsville, NJ 08691  
**Issuance Date:** 12/21/2015

<b>Summary of Penalties for Inspection Number</b>	<b>1074833</b>
<b>Citation 1, Other-than-Serious</b>	<b>\$7000.00</b>
<b>TOTAL PROPOSED PENALTIES</b>	<b>\$7000.00</b>

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To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: "DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance. You can also make your payment electronically on [www.pay.gov](http://www.pay.gov). On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "OSHA" and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is <https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334>. You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of \$25,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

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

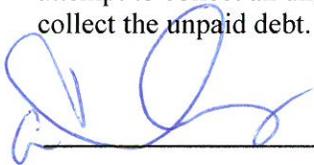
If a personal check is issued, it will be converted into an electronic fund transfer (EFT). This means that our bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will then usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. The bank will destroy your original check, but will keep a copy of it. If the EFT cannot be completed because of insufficient funds or closed account, the bank will attempt to make the transfer up to 2 times.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

**Interest:** Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is one percent (1%). Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

**Delinquent Charges:** A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

**Administrative Costs:** Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.



**Paula Dixon-Roderick**

Area Director

12/23/2015

Date