Dear Minnesota Employer:

To help you handle all the documents in this mailing, we have prepared this brief summary. Please refer to the actual document for complete details.

1. **Citation and Notification of Penalties** – This document describes the alleged safety or health violation(s), including the deadline for correction and any penalty. You must post this entire document until the item(s) is corrected or 20 calendar days, whichever is longer.

2. **Invoice** – You do not have to post this sheet. Penalty payments are due within 20 calendar days of receipt (unless appealed).

3. **Notice of Contest** – If you wish to appeal the Citation, you must complete this form. It must be received by our office within 20 calendar days. Please be advised that weekends and holidays *count* as calendar days. However, if the 20th day is a Saturday, Sunday, or legal holiday, the Notice of Contest form must be received on the next day that is not a Saturday, Sunday, or legal holiday, *Minnesota Rule* 5210.0007, subpart 3. You must post this form. You may photocopy this form or obtain additional copies on our web site at www.dli.mn.gov.

4. **Mandatory Progress Report** form – With this form you tell us how you corrected the alleged violation. This is a required form. You must submit and post this form according to the directions on the form. Additional copies are available on our web site at www.dli.mn.gov. This form is not required if all items on the citation are indicated as "Corrected During Inspection".

5. (Not a form) **Documentation of Abatement**- If the citation indicates documentation of abatement is required, you must submit pictures, receipts, etc. that demonstrate the abatement is completed. Documentation of abatement must be submitted by mail to the St. Paul OSHA office or by email to Citation.Progress@state.mn.us

6. **Petition for Modification of Abatement Date** form—If you wish to request an extension of time to abate one or several items, you must complete this form and return it no later than the next working day following the date on which the abatement was originally required. You must post this form for 10 days. Additional copies are available on our web site at www.dli.mn.gov.

7. (Optional) **7525 Program**. If you qualify for this program, a letter of explanation will be included with your citation package. You may discuss this incentive program during the informal conference. You must first contest the Citation(s).

8. (Optional) **Expedited Informal Settlement Agreement** –If you qualify for this agreement, a letter of explanation will be included with your citation package. If you wish to accept the terms of this agreement, you must sign this form and return the original signed page along with your penalty payment within 20 calendar days of receipt. You must post this agreement until the item(s) is corrected. Accepting this does not preclude you from requesting additional time to correct a violation provided your request is received no later than the next day after the original deadline. **You may not accept this agreement and also file a Notice of Contest.**

If you have any questions, please call the office at 651/284-5050 for further assistance. Thank you.

(√)	**Did you remember to…**
	Post a copy of the Citation and Notification of Penalty
	Submit payment within 20 days of receipt, OR
	Complete and return Notice of Contest Form within 20 calendar days
	Post the Notice of Contest Form if you are filing an appeal
	Sign and return with payment the Expedited Informal Settlement Agreement (EISA)
	Post the EISA
	Complete and return the Progress Report Form, Documentation of Abatement (if necessary) and/or Petition for Modification of Abatement Date (PMA) form
	Post the Progress Report or PMA form

443 Lafayette Road N.
St. Paul, Minnesota 55155
www.dli.mn.gov

MINNESOTA DEPARTMENT OF
LABOR & INDUSTRY

(651) 284-5005
1-800-DIAL-DLI
TTY: (651) 297-4198

Subject: CITATION AND NOTIFICATION OF PENALTY for Alleged Occupational Safety and Health Violations

An inspection of a place of employment under your operation, ownership, or control has resulted in the enclosed Citation and Notification of Penalty which describes alleged violations of the Minnesota Occupational Safety and Health Act of 1973. Please read carefully and follow the instructions listed under EMPLOYER AND EMPLOYEE RIGHTS AND RESPONSIBILITIES. If you require clarification concerning the results of the inspection or any additional information, please direct your correspondence to the above address. Such request cannot extend the 20 (twenty) calendar day period allowed for filing a notice of contest.

You should be aware that Federal 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 your inspection will be available 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office. Also, please remember to take our online surveys at www.dli.mn.gov and provide us with valuable feedback.

Clayton Handt
South Metro Supervisor
Occupational Safety and Health Division

Minnesota
Department of Labor and Industry

Occupational Safety and Health Division
443 Lafayette Road North
St. Paul, MN 55155-4307

Phone: 1-800-DIAL-DLI (1-800-342-5354)
(651) 284-5050
FAX: (651) 284-5741
www.dli.mn.gov

Inspection Number	OSHI ID	Optional Report No.:

Employer's Name and Mailing Address:

STEVE GUSE - SAFETY ADMINISTRATOR
MN DEPT. OF HR - MN SECURITY HOSPITAL
100 FREEMAN DR
ST PETER MN 56082
317587582 P1388 010.14

NOTICE OF CONTEST AND SERVICE TO AFFECTED EMPLOYEES

PURPOSE OF THIS FORM

This Notice of Contest and Service to Affected Employees form (Notice of Contest form) should **ONLY** be completed by an employer who has received a Citation and Notification of Penalty from the Minnesota Occupational Safety and Health Division (MNOSHA), who wishes to contest that a violation occurred, the type of violation, the proposed penalty and/or the date by which the violation must be abated.

If the employer only wishes to obtain an extension of time to abate the violation, the employer may file a Petition for Modification of Abatement Date according to the instructions on the Citation and Notification of Penalty.

By filing this Notice of Contest form, the employer is initiating a formal contested case proceeding before an administrative law judge of the parts of the Citation and Notification of Penalty it is contesting. This form must be filed in good faith and not solely for delay or avoidance of penalties.

Upon receipt of a timely filed Notice of Contest form, MNOSHA will contact the employer and schedule a date, time and location for an informal conference. The purpose of the informal conference is to allow the employer to discuss with a MNOSHA representative the Citation and Notification of Penalty and the basis for the employer's contest. The goal of the informal conference is to reach an early informal resolution of the contest. If the employer and MNOSHA are unable to reach a resolution at the informal conference then the contest will proceed to a formal contested case hearing.

FILING THIS FORM

This Notice of Contest form must be filed with the Commissioner of the Department of Labor and Industry at the above address within 20 calendar days after the date the Citation and Notification of Penalty is received by the employer. **To be considered filed, all parts of the Notice of Contest form must be completed and the completed form must be deposited in the United States mail and postmarked, or otherwise timely received by the Commissioner at the above address within 20 calendar days after the date the Citation and Notification of Penalty is received by the employer. Facsimile (FAX) transmittal of this form is acceptable, if received no later than 4:30 p.m. on the 20th day, followed by receipt of the mailed original within 5 calendar days. If the employer fails to file the Notice of Contest form on time, the Citation becomes a final order of the Commissioner which is not subject to review by any court or agency.**

COMPLETING THIS FORM

1. HOW TO IDENTIFY THE INSPECTION BEING CONTESTED.

The employer must complete the box at the top of page 1 of this form using the Inspection Number, OSHI ID, Optional Report Number and Employer's Mailing Address from the Citation and Notification of Penalty being contested.

2. HOW TO POST AND SERVE THIS FORM.

The employer must post a fully completed copy of both pages of this form and any additional explanatory pages, documents or letters where the contested Citation and Notification of Penalty is posted no later than the last day this form may be filed. The form must remain posted until the date of the formal contested case hearing or earlier final resolution of the contest.

If there are any affected employees who are represented by an authorized employee representative, the employer shall, on or before the date this form is required to be filed with the Commissioner, serve a fully completed copy of the form upon the representative. Service may be accomplished by either postage prepaid first class mail or personal delivery.

3. **DATE OF POSTING.** The employer must certify in Box A **or** B below the dates on which it posted and served this form.

A. **Union**: Employers who have affected Employees Represented by Authorized Employee Representatives
I hereby certify that I posted fully completed copies of this form on _____ (date) at the locations where the Citation and Notification of Penalty is posted; and I served fully completed copies of this form on _____ (date)upon the authorized employee representatives of affected employees.

B. **Non-Union**: Employers who have affected Employees **Not** Represented by Authorized Employee Representatives
I hereby certify that I posted fully completed copies of this form on _____ (date) at the locations where the Citation and Notification of Penalty is posted and that **I** do not have any affected employees who are represented by authorized employee representatives.

4. **HOW TO CONTEST THE CITATION AND NOTIFICATION OF PENALTY.**

The employer must indicate in the boxes below which part of the Citation and Notification of Penalty it wishes to contest. First the employer must identify the citations it is contesting by indicating the citation and item numbers. Then the employer must indicate which parts of each item is being contested. Finally, the employer must state the reasons for contesting in the space provided below the boxes.

- Check the box CITATION, if the employer wishes to contest that the violation occurred.
- Check the box TYPE OF VIOLATION, if the employer wishes to contest the characterization of the violation as non-serious, serious, willful or repeat.
- Check the box ABATEMENT DATE, if the employer wishes to contest the date by which you must abate the violation.
- Check the box PENALTY, if the employer wishes to contest the amount of the penalty.

FAILURE TO CHECK ANY PART WILL RESULT IN THAT PART OF THE CITATION BECOMING A FINAL ORDER OF THE COMMISSIONER WHICH IS NOT REVIEWABLE BY ANY COURT OR AGENCY.

CITATION NUMBER	ITEM NUMBER	(check all that apply)
		☐ Citation ☐ Type of Violation ☐ Abatement Date ☐ Penalty
		☐ Citation ☐ Type of Violation ☐ Abatement Date ☐ Penalty
		☐ Citation ☐ Type of Violation ☐ Abatement Date ☐ Penalty
		☐ Citation ☐ Type of Violation ☐ Abatement Date ☐ Penalty
		☐ Citation ☐ Type of Violation ☐ Abatement Date ☐ Penalty
		☐ Citation ☐ Type of Violation ☐ Abatement Date ☐ Penalty

REASONS FOR CONTEST: (Additional sheets may be attached as necessary, and are considered part of this form.)

5. **OATH.** The employer completing this form must sign and have notarized the following statement.

I SWEAR THAT THE INFORMATION PROVIDED ON THIS FORM AND ATTACHED TO THIS FORM IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

_____
Name of Employer Representative, Title Phone

_____
Signature Date

Subscribed and sworn to before me
this _____ day of _____
Notary Public _____
My Commission expires _____

(Revised 4/12)

MANDATORY PROGRESS REPORT

Minnesota
Department of Labor and Industry

Occupational Safety and Health Division
443 Lafayette Road North
St. Paul, MN 55155-4307

Phone: 1-800-DIAL-DLI (1-800-342-5354)
(651) 284-5050
FAX: (651) 284-5741
Email: Citation.Progress@state.mn.us

Inspection Number	OSHI ID	Optional Report No.:

Employer's Name and Mailing Address:

STEVE GUSE - SAFETY ADMINISTRATOR
MN DEPT. OF HR - MN SECURITY HOSPITAL
100 FREEMAN DR
ST PETER MN 56082
317587582 P1388 010.14

In accordance with MN Rule 5210.0532, this report **MUST** be returned to the above address. The completed Progress Report Form should be received by the abatement due date indicated on the citation. This form is required by the latest abatement date of all citations or within 30 days after receipt of the citation, whichever is earlier. Multiple reports are necessary to verify abatement of citations with abatement periods longer than 30 days. **Failure to submit all required progress reports will result in an additional citation, penalty, and/or follow-up inspection.**

(Attach an additional sheet, if necessary)

Citation and Item No.	Action Taken	Abatement Date on Citation	FILL IN ONE: Date Abated (Corrected)	FILL IN ONE: Anticipated Completion Date
				(See Note)
				(See Note)
				(See Note)
				(See Note)
				(See Note)
				(See Note)
				(See Note)
				(See Note)

NOTE: If the anticipated completion date is beyond the abatement date on the citation, you must submit a separate written Petition for Modification of Abatement Date (PMA) to request an extension of time allowed for completion. See the instructions for a PMA on page 2 of the Citation and Notification of Penalty.

A copy of this Progress Report must be posted for 15 days where the citation and notification of penalty is posted and all affected employees and their representatives must be informed of their right to examine and copy all abatement documents submitted to the Commissioner.

I hereby certify that this information is accurate.

Completed by	Title
Phone	Date

Additional copies of this form are available on-line at www.dli.mn.gov

Minnesota
Department of Labor and Industry

Occupational Safety and Health Division
443 Lafayette Road N.
St. Paul, MN 55155-4307

Phone: 1-800-DIAL-DLI (1-800-342-5354)
(651) 284-5050
Fax: (651) 284-5741
E-mail: citation.progress@state.mn.us

Inspection number	OSHI ID	Optional report no.

Employer's name and mailing address

STEVE GUSE - SAFETY ADMINISTRATOR
MN DEPT. OF HR - MN SECURITY HOSPITAL
100 FREEMAN DR
ST PETER MN 56082
317587582 P1388 010.14

PETITION FOR MODIFICATION OF ABATEMENT DATE

PURPOSE OF THIS FORM

This Petition for Modification of Abatement Date form (PMA form) should **ONLY** be completed by an employer that has received a Citation and Notification of Penalty from the Minnesota Occupational Safety and Health Division (MNOSHA), that wishes to request an extension of time to abate one or several items.

If the employer wishes to obtain an extension of time to pay a penalty, or contests any portion of a citation, the employer may file a Notice of Contest form according to the instructions on the Citation and Notification of Penalty. A petition for modification of abatement date is not necessary if a Notice of Contest form has been timely filed AND the Citation or the Abatement Date has been contested for those item(s) the employer wishes to receive an extension.

By filing this PMA form, the employer is initiating a formal request for additional time to complete a planned abatement. This form must be filed in good faith and not solely for delay.

Upon receipt of a timely filed PMA form, MNOSHA will review the information submitted and allow affected employees up to 10 days to notify MNOSHA of any objections they may have.

FILING THIS FORM

This PMA form must be filed with the commissioner of the Department of Labor and Industry at the above address no later than the next working day following the date on which abatement was originally required (or modified). **To be considered filed, all parts of the PMA form must be completed and the completed form must be deposited in the United States mail and postmarked, or otherwise timely received by the commissioner at the above address, within the next working day after the original date the item was to be abated. Facsimile (fax) transmittal of this form is acceptable if received no later than 4:30 p.m. on the following day. If the employer fails to file the PMA form on time, the abatement date on the Citation becomes a final order of the commissioner, which is not subject to review by any court or agency.**

COMPLETING THIS FORM

1. **HOW TO IDENTIFY THE INSPECTION**

The employer must complete the box at the top of page 1 of this form using the inspection number, OSHI ID, optional report number and employer's mailing address from the Citation and Notification of Penalty.

2. **HOW TO POST AND SERVE THIS FORM**

The employer must post a fully completed copy of both pages of this form and any additional explanatory pages, documents or letters where the Citation and Notification of Penalty is posted no later than the last day this form may be filed. The form must remain posted for **10** days.

If there are any affected employees who are represented by an authorized employee representative, the employer shall, on or before the date this form is required to be filed with the commissioner, serve a fully completed copy of the form upon the representative. Service may be accomplished by either postage prepaid first class mail or personal delivery.

3. **DATE OF POSTING**

The employer must certify in Box A **or** B below, the dates on which it posted and served this form.

A. **Union:** Employers that have affected employees represented by authorized employee representatives
I hereby certify that I posted fully completed copies of this form on _____ (date) at the locations where the Citation and Notification of Penalty is posted and I served fully completed copies of this form on _____ (date) upon the authorized employee representatives of affected employees.

B. **Non-union:** Employers that have affected employees **not** represented by authorized employee representatives
I hereby certify that I posted fully completed copies of this form on _____ (date) at the locations where the Citation and Notification of Penalty is posted and that I do not have any affected employees who are represented by authorized employee representatives.

4. **HOW TO REQUEST A MODIFICATION OF ABATEMENT DATE(S)**

The employer must indicate in the boxes below which item(s) of the Citation and Notification of Penalty it wishes to extend. First, the employer must identify the citation and item number(s). (For example, **"Citation 1, Item 2" or "1-2."**) Then the employer must indicate all actions taken, their dates, to achieve compliance during the original abatement period. The employer must also include: the specific additional time necessary, the reasons for the additional time, all available interim steps being taken to safeguard employees, a certification that a copy of this PMA has been posted and served upon the authorized employee representative, and the date the posting and service was completed, see part 3 above.

Citation and item no.	Abatement date on citation	Anticipated completion date	Reason for additional abatement period	Interim steps taken to safeguard employees, including dates

5. The employer completing this form must sign the form.

Name of employer representative, title _____ Phone _____

Signature _____ Date _____

Additional copies of this form are available online at www.dli.mn.gov/OSHA/FormsMnosha.asp.

Minnesota Department of Labor and Industry
Occupational Safety and Health Division
443 Lafayette Road
St. Paul, MN 55155-4307
Phone: 651-284-5050 FAX: 651-284-5741

Citation and Notification of Penalty

To:
MN Dept of Human Svc - Minnesota Security Hospital
100 Freeman Dr
St Peter, MN 56082

Inspection Site:
100 Freeman Dr
St Peter, MN 56082

Inspection Number: 317587582
OSHI ID: P1388
Optional Report No.: 01014
Inspection Date(s): 02/18/2014 - 08/01/2014
Issuance Date: 08/04/2014

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.

This Citation and Notification of Penalty (this Citation) describes violations of the Minnesota Occupational Safety and Health Act of 1973 (the Act). The penalty amounts listed herein are based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties, unless within 20 calendar days from your receipt of this Citation you file a Notice of Contest with the Commissioner of the Department of Labor and Industry. Your contestation rights and other employer and employee rights and responsibilities are set out in the first three pages of this Citation. The description of alleged violations begins on page 5 of this Citation.

EMPLOYER AND EMPLOYEE RIGHTS AND RESPONSIBILITIES

Posting - The Act requires that a copy of this Citation shall be promptly posted at or near each place that an alleged violation referred to in the citation occurred or, if not practicable, in a prominent place where it will be readily visible by all affected employees. If uncontested, this Citation must remain posted until all alleged violations cited therein are corrected, or for 20 days, whichever is longer. If contested, this Citation must remain posted until the contestation is resolved.

Penalty Payment - Payment of all penalties is to be made by check or money order payable to "Minnesota Department of Labor and Industry, MNOSHA", and remitted to the Occupational Safety and

Health Division at P.O. Box 64025, St. Paul, MN, 55164-0025, within 20 calendar days following receipt of this Citation. After 60 days, unpaid penalties shall increase 25 percent and shall accrue an additional interest of 10 percent per month compounded monthly until the fine is paid in full.

Effective August 1, 2003, the minimum $25,000 penalty issued to employers with fewer than 50 employees for serious citations connected to the death of an employee may be made in five payments of $5,000. The first $5,000 payment is due within 20 calendar days following receipt of this Citation. The 2nd-5th payments of $5,000 are due on the next four anniversary dates of this Citation becoming a Final Order. The Commissioner may elect to waive the 2nd-5th $5,000 payment if in the preceding year the employer receives no citations. MNOSHA will provide written notice of the 2nd-5th payments dates or of any penalty waiver.

Notification of Corrective Action - Progress reports on correction of alleged violations not immediately abated as observed by the occupational safety and health investigator shall be submitted on the Progress Report form provided with this Citation. Written progress reports must be mailed to the address shown on the top of page 1 of this Citation by the latest abatement date on the citation, or within 30 days after receipt of the citation, whichever is earlier. Reports must state the specific corrective action taken on each cited item, the date of such action and the anticipated abatement date of uncompleted items. Additional written progress reports shall be submitted every thirty days until the items are fully abated. Facsimile (FAX) transmittal is acceptable.

All alleged violations not contested must be corrected by the abatement date specified in this Citation. A followup inspection may be made for the purpose of ascertaining that the employer has corrected the alleged violations and posted this Citation as required by the Act. Failure to correct an alleged violation by the abatement date on this Citation may result in further penalties for each day the alleged violation has not been corrected.

Petition for Modification of Abatement Date (PMA) - If, due to factors beyond reasonable control, compliance cannot be achieved by the abatement day on the citation, the employer may file a Petition for Modification of Abatement Date (PMA) to obtain an extension of the abatement time period. The PMA must be in writing and received at the address shown on the top of page 1 of this Citation prior to the expiration of the abatement date on the citation. Facsimile (FAX) transmittal of a PMA is acceptable. A copy of the PMA must be posted for ten days in the location where this Citation is posted. A copy of the PMA must also be served upon authorized employee representatives.

The employer's written petition must describe:

1) The action that has been taken so far to achieve compliance;
2) The amount of additional time needed for compliance;
3) The reasons why additional time is needed;
4) A description of the interim steps that will be taken to safeguard employees against the cited hazard;
5) A statement that employees have been notified of the PMA filing.

Employees have the right to file a written objection to the Commissioner regarding the employer's PMA request. A copy of the objection must be served on the employer within 10 days of the employer's posting of the PMA. The employee objection must be received by the Commissioner within 15 days of

the employer's PMA request. Facsimile (FAX) transmittal is acceptable.

Employer Right to Contest - The employer has the right to a hearing to contest any or all parts of this Citation. If the employer wishes to contest, the employer must fully complete and notarize the attached NOTICE OF CONTEST AND SERVICE TO AFFECTED EMPLOYEES (Notice of Contest form) and file it with the Commissioner at the address shown on the top of page 1 of this Citation within 20 calendar days of receiving the citation.

Important: To be considered filed, all parts of the Notice of Contest form must be completed and the completed form must be deposited in the United States mail and postmarked, or otherwise timely received by the Commissioner at the above address within 20 calendar days after the date this Citation is received by the employer. Facsimile (FAX) transmittal is acceptable, followed by the mailed original within 5 days. If the employer fails to file the Notice of Contest form on time, this Citation and Notification of Penalty becomes a final order of the Commissioner which is not subject to review by any court or agency and the Occupational Safety and Health Division may file and enforce the penalty as a district court judgment without further notice or additional proceedings pursuant to Minnesota Statute § 16D.17.

Employee Right to Contest - An employee or authorized representative of employees has the right to a hearing to contest this Citation by filing a letter with the Commissioner of the Department of Labor and Industry at the address shown on page 1 within 20 calendar days of the employer's receipt of this Citation.

Important: To be considered filed, an employee letter of contest must be deposited in the United States mail and postmarked, or otherwise timely received by the Commissioner at the above address within 20 calendar days after the date this Citation is received by the employer. Facsimile (FAX) transmittal is acceptable, followed by the mailed original within 5 days. If the employee fails to file a letter of contest on time, this Citation and Notification of Penalty becomes a final order of the Commissioner which is not subject to review by any court or agency and the Occupational Safety and Health Division may file and enforce the penalty as a district court judgment without further notice or additional proceedings pursuant to Minnesota Statute § 16D.17.

Employee Right to Party Status - Affected employees or their authorized employee representatives may elect to participate as parties in the formal contested case hearing before the start of the hearing by filing written notice with the Commissioner at the address shown above. The notice must contain the employees' names, addresses, authorized employee representatives, if any, and a statement that they are affected employees of the cited employer.

Employer Discrimination Unlawful - Employees who believe that they have been discharged or otherwise discriminated against by any person because the employees have exercised any right authorized under the provisions of Minnesota Statute § 182.674, may, within 30 days after such alleged discrimination occurs, file a complaint with the Commissioner of the Department of Labor and Industry at the address shown above, alleging the discriminatory act.

PENALTY INFORMATION

Types of Violations - There are 5 types of violations that may be cited by MNOSHA. They are: Nonserious, Serious, Willful, Repeat and Failure to Abate.

Penalties - In cases not involving the death of an employee, the law allows the following maximum penalties: Nonserious, $7,000; Serious, $7,000; Willful, $70,000; Repeat, $70,000; and Failure to Abate, $7,000 per day the violation remains unabated. If a Willful or Repeat violation caused or contributed to the death of an employee, however, MNOSHA is compelled by law to assess the employer a total non-negotiable penalty of at least $50,000 for all citations connected to the employee's death. If there are no Willful or Repeat violations among the violations that caused or contributed to the employee's death, MNOSHA must assess the employer a non-negotiable penalty of at least $25,000 for each citation connected to the employee's death. The following violations are not subject to these minimums and will be processed according to MNOSHA's ordinary penalty system: (a) any serious violations issued to an employer with fewer than 50 employees when the victim of a workplace fatality owned a controlling interest in the business unless the Commissioner determines that a fine shall be assessed, and (b) any violations found during a fatality investigation but determined not to be connected to the death of an employee.

Credits - A penalty for a violation may be credited by as much as 95 percent, depending on the employer's good faith (up to 30%), size of business (up to 55%), and previous violation history (up to 10%). The penalties which appear on the Citation and Notification of Penalty have been reduced by the credits described.

Minnesota
Department of Labor and Industry
Occupational Safety and Health Division

Inspection Number: 317587582
Inspection Date(s): 02/18/2014 - 08/01/2014
Issuance Date: 08/04/2014
OSHI ID: P1388
Optional Report No.: 01014

Citation and Notification of Penalty

Company Name: MN Dept of Human Svc - Minnesota Security Hospital
Inspection Site: 100 Freeman Dr, St Peter, MN 56082

Citation 01 Item 001 Type of Violation: **Serious**

Minn. Stat. 182.653 subd. 2: The employer did not furnish to each employee, conditions of employment and a place of employment free from recognized hazards which caused or were likely to cause death or serious injury to employees:

Employees were not properly protected from workplace violence by an effective workplace violence prevention program.

This citation requires both Certification of Abatement and Documentation of Abatement to be submitted by the abatement due date.

Certification of Abatement: An employer's signed statement, submitted on a Progress Report form, that the violation has been abated.

Documentation of Abatement: Documents submitted by the employer demonstrating that the abatement is complete, (i.e., pictures, receipts, etc.).

Date By Which Violation Must Be Abated: **9/1/2014**
Penalty: **$4,900.00**

Ken B. Peterson, Commissioner
MN Department of Labor and Industry

Minnesota Department of Labor and Industry

Occupational Safety and Health Division
443 Lafayette Road
St. Paul, MN 55155-4307
Phone: (651) 284-5050 FAX: (651) 284-5741

INVOICE 8317587582I

Company Name: MN Dept of Human Svc - Minnesota Security Hospital
Inspection Site: 100 Freeman Dr, St Peter, MN 56082
Mailing Address: 100 Freeman Dr, St Peter, MN 56082
Issuance Date: 08/04/2014
OSHI ID#: P1388
Optional Report No.: 01014
Summary of Penalties for Inspection Number: 317587582

Citation 1, Serious	**= $4,900.00**
TOTAL PENALTIES	**= $4,900.00**

Penalty Payment - Payment of all penalties is to be made by check or money order payable to the order of "Minnesota Department of Labor and Industry" and remitted with a copy of this invoice to the Occupational Safety and Health Division, P.O. Box 64025, St. Paul, MN, 55164-0025, within 20 calendar days following receipt of this Citation. After 60 days, unpaid penalties shall increase 25 percent and shall accrue an additional interest of 10 percent per month compounded monthly until the fine is paid in full.

If any portion of this Citation and Notification of Penalty is contested, that portion of the penalty is not due and payable until the resolution of the contestation. However, you are still obligated to pay the penalty on the uncontested portion of the citation within 20 calendar days following receipt of this Citation.

If the employer fails to file the Notice of Contest form on time, this Citation and Notification of Penalty becomes a final order of the Commissioner which is not subject to review by any court or agency and the Occupational Safety and Health Division may file and enforce the penalty as a district court judgment without further notice or additional proceedings pursuant to Minnesota Statutes § 16D.17.

NOTE: The penalties shown above have already been adjusted for Good Faith, Size and History credits.