Inspection Report

Tue May 15, 2018 08:05:58 AM

RID	CSHO ID	Supervisor ID	Inspection Number	Optional Report Number	Case Closed Date
0253420	W9516	J9724	1315796	C 69-33-042	

Establishment Name	Tuckerton Fire Department		Doing Business As (DBA)				
Establishment Owner Name	Local Government	Type of Business		Primary NAICS			922160
Site Address	111 North Green Street TUCKERTON, NJ, 08087	Site Phone	(609)-296-4546	Extn		Site FAX	
Business Address	111 North Green Street TUCKERTON, NJ, 08087	Business Phone	(609)-296-4546			Business FAX	
Mailing Address	111 North Green Street TUCKERTON, NJ, 08087	E-mail				Mobile Phone	
Site Activity	Fire Department	NAICS Inspected	922160			Days on Site	1
Federal EIN		DUNs		Temporary or Fixed Site?			Fixed Site
State Estab Id		DUNS plus4		CAGE Code			
Construction Type							

Entry	04-APR-2018		First Closing Conference	11-MAY-2018	
Opening Conference	11-MAY-2018		Second Closing Conference		
Walkaround	11-MAY-2018		Exit	11-MAY-2018	

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

Employed in Establishment	30	Walkaround?	Y	Advance Notice?	N
Covered By Inspection	30	Interviewed?	Y	Flag for Follow-up	N
Controlled By Employer	65	Union?	N	Reason for Follow-up	
Is this Company a current federal contractor?					

Parent Company Legal Name			Parent Comp Trade Name/DBA		
Parent Company Address		Phone Number		Extn	
TIN / EIN			DUNS		
CAGE Code			DUNS plus4		

Related Activity			
Activity Number	Activity Type	Satisfied	Establishment Name
1332894	Referral	Safety	Tuckerton Fire Department
1337316	Complaint	Safety	Tuckerton Fire Department

Related Inspections		
Inspection Number	Establishment Name	Related Inspection Type

Additional Codes			
Type	ID	Value	Description

Employer Representatives Contacted					
Name	Jenny Gleghorn	**Job Title**	Borough Administrato	**Occupation**	Borough Administrator
Address	420 E. Main Street TUCKERTON, NJ, 08087		**Interviewed?**	Y	
Home		**Work**	609-292-2701	**Mobile**		**Fax**	
Email			**Participation**	Walk Around, Citation Mailed, Credentials, Closing Conference, Opening Conference	
Name	Dale Eggert	**Job Title**	Fire Chief	**Occupation**	Fire Chief
Address	111 N. Green Street TUCKERTON, NJ, 08087		**Interviewed?**	Y	
Home		**Work**		**Mobile**	609-661-9448	**Fax**	
Email	daleeggert12@gmail.com		**Participation**	Walk Around, Citation Mailed, Credentials, Closing Conference, Opening Conference	
Name	Amanda Unkefer	**Job Title**	President	**Occupation**	President
Address	111 N. Green Street TUCKERTON, NJ, 08087		**Interviewed?**	Y	
Home		**Work**		**Mobile**	615-969-4810	**Fax**	
Email			**Participation**	Walk Around, Credentials, Closing Conference, Opening Conference	
Name	Lee Eggert	**Job Title**	Assistant Fire Chief	**Occupation**	Assistant Fire Chief
Address			**Interviewed?**	Y	

Home	609-296-1025	**Work**		**Mobile**	609-296-1025	**Fax**	
Email				**Participation**		Walk Around, Credentials, Closing Conference, Opening Conference	

Authorized Employee Representatives					
Name	[redacted]	**Organization**		**Occupation**	Firefighter
Address			**Interviewed?**		Y
Home		**Work**	**Mobile**	609-204-0492	**Fax**	
Email			**Participation**		Walk Around, Citation Mailed, Credentials, Closing Conference, Opening Conference

CSHO Signature	John Gotta	Date	5/15/18

Violation Worksheet

Print Date : 05/16/2018

Inspection Number	1315796
Opt. Insp. Number	C 69-33-042

Establishment Name	Tuckerton Fire Department				
DBA Name					
Type Of Violation	Serious	**Citation Number**	1	**Item/Group**	1 /
Number Exposed	1	**No. Instances**	*1*	**REC**	
Special Enforcement?			**Employer's Relationship to Hazard**		
Standard	N.J.A.C. 12:100-10.9(a)				
Substance Codes			**Photo/Video Number**	2 - 9	
Alleged Violation Description	N.J.A.C 12:100-10.9(a): Head protection did not consist of a protective head device with ear flaps and chin strap which meets the performance, construction and testing requirements of 29 CFR part 1910.156(e)(5) or NFPA 1972-1987: Helmets for Structural Firefighting. LOC: Firefighter #20: Cairns Helmet The helmet for the listed firefighter did not meet the requirements of NFPA 1972-1987: Helmets for Structural Firefighting, due to missing components including a chin strap, retro-reflective tetrahedrons and lack of positive identification as to which standard, if any, the helmet was designed and constructed to.				
Recommended Abatement Action					

Penalty

Severity	Medium		
Severity Justification			
Probability	Lesser		
Probability Justification			
Number of Times Repeated			
Gravity	Moderate	**Gravity based Penalty**	4000.00
Multiplier		**Size**	30%
Good Faith		**History**	
Quick Fix			
Calculated Penalty	2800.00	**Proposed Penalty**	2800.00
Proposed Penalty Justification:			

Abatement Details

Days to Abate		**Abatement Status**	Corrected During Inspection
User-entered Abatement Due Date		**Date Abated**	05/11/2018
Abatement Documentation Required?	No	**Date Verified**	05/11/2018
Abatement Completed Description:	Helmet was replaced with model that complies with NFPA 1971 - 2007 based on sticker inside. See photos 1, 10-14.		

MultiStep Abatement

Type/Other Type	Days to abate	User entered Abatement Due Date	Completed(status)	Verify Date

Employee Exposure

Exposure Instance	No. Exposed	Employer	Name and Address Telephone	Duration	Frequency	Proximity
1	1	Tuckerton Fire Department	[redacted] 111 N. Green Street TUCKERTON NJ 08087 Home: Work: Personal Mobile: -	1.00 day	per fire call	

20. **Instance Description**: A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

a) **Hazards-Operation/Condition-Accident**: Use of non-compliant fire helmet during firefighting operations

b) **Equipment**: Cairns 5a fire helmet.

c) **Location**: PPE

d) **Injury/Illness (and Justifications for Severity and Probability)**: Concussion

e) **Measurements**: Visual examination

23. **Employer Knowledge**: Employer stated they have observed this particular helmet in use. Employer should have recognized the lack of a chin strap as indicating the helmet was not compliant with modern NFPA or OSHA standards.

24. **Comments**: I asked Chief Eggert to tell me what was wrong with the helmet. He was able to tell me that the helmet was missing a chin strap.

25. **Other Employer Information**:

Violation Worksheet

Print Date : 05/15/2018

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Opt. Insp. Number	C 69-33-042

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DBA Name					
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Proposed Penalty Justification:			

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24. **Comments**: I asked Chief Eggert to tell me what was wrong with the helmet. He was able to tell me that the helmet was missing a chin strap.

25. **Other Employer Information**:

Occupational Safety and Health Administration

Referral Report

Reporting ID	UPA Number	Receipt Date	Receipt Time	Receipt Type
0253420	1332894	30-APR-2018	01:15 PM	Fax
Electronic Complaint Number				

Establishment Name	Tuckerton Volunteer Fire Department	Doing Business As (DBA)		
Related Inspections				
Industry & Ownership	Primary NAICS	922160 - Fire Protection	Ownership	Local Government
Type Of Business	Fire Department			

Site Information

Street Address 1:	111 N. Green Street				
Street Address 2:					
County:	OCEAN				
City	TUCKERTON	State	NEW JERSEY	Zip	08087
Management Official:	Dale Eggert	E-Mail:			
Phone Number:	(609)-296-2701	Fax Number:			

Business Address

Street Address 1:	111 N. Green Street				
Street Address 2:					
County:	OCEAN				
City	TUCKERTON	State	NEW JERSEY	Zip	08087
Country	UNITED STATES OF AMERICA				

Mailing Address

Street Address 1:	111 N. Green Street				
Street Address 2:					
County:	OCEAN				
City	TUCKERTON	State	NEW JERSEY	Zip	08087
Country	UNITED STATES OF AMERICA				

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

No fit testing. Unknown respiratory protection plan. No organization statement and policy. No compliant structural helmet. Recent fire pump operator deployed off of engine without PPE. Chief removed from scene by Burlington County Fire Coordinator for facial hair.

Source 1			
Referred by:		Other (specify)	
Source Name	[redacted]	*Telephone*	[redacted]
Source Address		[redacted] TUCKERTON NEW JERSEY 08087 UNITED STATES OF AMERICA	
Source E-mail Address			
Send Referral Results?	No	*If no results sent, why?*	

Referral Actions

Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other – Status
04/30/2018	Do Inspection = Y			Est/Alleged Hazards under LEP,NEP, or SST	
04/30/2018	Valid = Y				

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

RRI Investigation Information

# Hospitalizations	# of Amputations	# of Eye Injuries	Event Date	Event Time

Has this happened before?		Is the hazard still present?		Date employer's response sufficient to close investigation	

What was employee doing just before incident occurred?	
What happened?	
What was the injury or illness?	
What was the object or substance that directly harmed the employee?	

RRI Corrective Actions	
Corrective Action Keywords	
Additional Relevant Information	
Inadequate Employer Response Description	

Strategic Initiatives	
National Emphasis	
Local/State Emphasis	

Additional Codes			
Type	ID	Value	Description

State of New Jersey

PUBLIC EMPLOYEES
OCCUPATIONAL SAFETY AND HEALTH

COMPLAINT

STATE USE ONLY	
Complaint No. 1332894	Date Rec'd
NAICS Code	Investigator Code
Completed By ☐ Complainant ☐ Department	

1. Name of the Employer **Tuckerton Volunteer Fire Department**	2. Telephone Number **(609) 296-2701**
3. Employer-Street Address (Mailing) **111 N. Green Street**	
4. Employer-City, State, Zip Code **Tuckerton, NJ 08087**	5. County **Ocean**
6. Type *(Check One)* ☐ State Agency ☐ County ☒ Municipality ☐ School Board ☐ Utility Authority ☐ Other *(specify)*:	
7. Hazard Location/Name of Building *(Specify building and exact location where alleged violation exists. Use separate form for each building.)* **Fire Department**	8. Floor and Room Number
9. Site-Street Address **111 N. Green Street**	
10. Site-City State, Zip Code **Tuckerton, NJ 08087**	11. County **Ocean**
12. Name of Person(s) in Charge **Chief Dale Eggert**	13. Telephone Number **(609) 296-2701**

14. Briefly describe your complaint:

1. No fit testing for active members.

2. Department keeps gear out for members who don't attend drills or calls for an "just incase" call. These members should be placed inactive until fit testing and proficiency training is completed. 12:100-10.3.(C)2

3. Unknown respiratory protection plan 12:100-10.10 (d)

4. Annual blood borne pathogens training not completed. Unknow last compeition date. 12:100-10.3.(c)5

5. No organization statement and policy, specifically for the expected number of members. 12:100-10.3(a)

6. No compliant structural helmet (over 10yrs old) allowed to be worn by the President of the Department.

7. Recent fire pump operator deploying LDH off rear of engine without PPE to include helmet.

8. Recent fire, same as mentioned above, Chief removed from scene by Burlington County Fire Coordinator for facial hair.

15. Approximate Number of Employees in Area **30**	a. Are there employees who believe they have health problems related to the complaint? ☐ Yes ☒ No	b. Number of employees experiencing symptoms:
16. Type of work done in the area (i.e., clerical, maintenance, firefighter) **Firefighter**		
17. Materials handled (chemicals, cleaning compounds, etc.) **Fire Department Related**		
18a. To your knowledge, has there been a previous inspection related to the complaint? ☐ Yes ☒ No	b. If Yes, by whom?	
c. Date Inspected	d. Outcome of Inspection	

PUBLIC EMPLOYEES
OCCUPATIONAL SAFETY AND HEALTH
COMPLAINT
(Continued)

STATE USE ONLY
Complaint No.

19. To your knowledge, has this complaint been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with, the employer or any representative thereof?
☐ Yes ☒ No
If Yes, give the results thereof, including any efforts by management to correct the violation:

20. Name of Union	21. Local Number
22. Name of Employee Representative	23. Telephone Number ( )
24. Title	

THE INFORMATION BELOW WILL REMAIN CONFIDENTIAL UPON REQUEST!

25. Please indicate your desire:
MAY YOUR NAME BE REVEALED TO THE EMPLOYER? ☐ YES ☒ NO*
*If you choose "No," then please make sure that we have your home address (below) and an alternate phone number where you can be reached.
IF YES, DO YOU WANT TO BE PRESENT WHEN THE INSPECTION IS CONDUCTED? ☐ YES ☐ NO

26. The complainant, whose signature appears below *(check one)*:
☐ Employee
☐ Representative of Employees
☐ Employer
☒ Other *(Specify)*: **Past member. Current member and Facebook pictures provided information to me**

27. Name of Complainant *(Print or Type)*	28. Signature	29. Date
[redacted]	[redacted]	4/30/18
30. Complainant Home-Street Address: [redacted]		
31. Complainant Home-City, State, Zip: Tuckerton, NJ 08087		32. County: Ocean
33. Telephone Number: [redacted]	34. Best Time to Contact: Day	

IF YOU ARE AN AUTHORIZED REPRESENTATIVE OF EMPLOYEES AFFECTED BY THIS COMPLAINT, COMPLETE THE FOLLOWING:

35. Name of Organization
36. Your Organization Title


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OIS

Summary of Work-Related Injuries and Illnesses for:

Tuckerton Fire Department
DBA:
111 North Green Street

TUCKERTON,NEW JERSEY 08087
Local Government
Establishment Inj/Ill Log for: 2015

Establishment ID: 1035440608
Fed'l EIN/TIN:
Duns Number:
Primary NAICS: 922160

Number of Cases

Deaths	Cases with days away from work	Cases with job transfer/restriction	Other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Total Recordable Cases	Total DART Cases
0	0

Number of Days

Days away from work	Days of Job Transfer or Restriction
0	0
(K)	(L)

Injury and Illness Types

(M) Total Number of...

(1) Injuries:	0	(4) Poisoning:	0
(2) Skin Disorders:	0	(5) Hearing Loss:	0
(3) Respiratory Condition:	0	(6) All Other illnesses:	0

Employment Information

Total Hours Worked:	2768	Average Number of Employees:	16

Injury / Illness Rates

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

OIS

Summary of Work-Related Injuries and Illnesses for:

Tuckerton Fire Department
DBA:
111 North Green Street

TUCKERTON,NEW JERSEY 08087

Local Government
Establishment Inj/Ill Log for: 2016

Establishment ID: 1035440608
Fed'l EIN/TIN:
Duns Number:
Primary NAICS: 922160

Number of Cases

Deaths	Cases with days away from work	Cases with job transfer/restriction	Other recordable cases
0	0	0	3
(G)	(H)	(I)	(J)

Total Recordable Cases	Total DART Cases
3	0

Number of Days

Days away from work	Days of Job Transfer or Restriction
0	0
(K)	(L)

Injury and Illness Types

(M) Total Number of...

(1) Injuries:	1	(4) Poisoning:	0
(2) Skin Disorders:	0	(5) Hearing Loss:	0
(3) Respiratory Condition:	0	(6) All Other illnesses:	2

Employment Information

Total Hours Worked:	2336	Average Number of Employees:	16.

Injury / Illness Rates

Total Recordable Case Rate :	**256.8**
DART Rate :	**0**
DAFWII Rate :	**0**

OIS

Summary of Work-Related Injuries and Illnesses for:

Tuckerton Fire Department
DBA:

111 North Green Street

TUCKERTON,NEW JERSEY 08087

Local Government
Establishment Inj/Ill Log for: 2017

Establishment ID: 1035440608
Fed'l EIN/TIN:
Duns Number:
Primary NAICS: 922160

Number of Cases

Deaths	Cases with days away from work	Cases with job transfer/restriction	Other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Total Recordable Cases	Total DART Cases
1	0

Number of Days

Days away from work	Days of Job Transfer or Restriction
0	0
(K)	(L)

Injury and Illness Types

	(M) Total Number of...		
(1) Injuries:	1	(4) Poisoning:	0
(2) Skin Disorders:	0	(5) Hearing Loss:	0
(3) Respiratory Condition:	0	(6) All Other illnesses:	0

Employment Information

Total Hours Worked:	2096	Average Number of Employees:	16

Injury / Illness Rates

Total Recordable Case Rate :	**95.4**
DART Rate :	**0**
DAFWII Rate :	**0**