



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

Division of Occupational Safety and Health
PO Box 44600 • Olympia, Washington 98504-4600

April 8, 2013

BAGGAGE AIRLINE GUEST SERVICES INC
BAGGAGE AIRLINE GUEST SERVICES
6751 Forum Dr Ste 200
Attention: Wendy Ash HR
Orlando, FL 32821-8089

Inspection: 316575562
UBI: 603199794
Region: 2-Health
Inspector: Janine Rees (A8841)
Reference: 204630974

Dear Employer:

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

- **Citation Invoice** – The total assessed penalty is \$12,150.00
- **Citation and Notice of Assessment** – Washington Administrative Code (WAC) Violations.
- **Hazard Correction instructions and form** - Correct all violations and return written verification or additional penalties may result.
- **Employer Appeal Rights** – You have 15 working days to appeal this citation.

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

The Occupational Safety and Health Administration (OSHA) publishes Division of Occupational Safety and Health (DOSH) inspection results on the Internet at www.osha.gov, since this information is available under provisions of the Federal Freedom of Information Act. It is posted 30 days after the date the results are issued.

If you have questions, call the compliance supervisor, Mac Davis, at (206) 515-2865.

Respectfully,

Anne F. Soiza

Anne F. Soiza
Assistant Director
Division of Occupational Safety & Health

Enclosure(s)



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

Citation Invoice

Inspection: 316575562

UBI: 603199794
Legal Name: BAGGAGE AIRLINE GUEST SERVICES
INC
DBA Name: BAGGAGE AIRLINE GUEST SERVICES
Inspection 21400 International Blvd,
Site: Ste 105, SeaTac, WA, 98198

Issued: April 8, 2013
Opening Conference: December 11, 2012
Closing Conference: April 1, 2013
Inspector: Janine Rees
A8841

Summary of Assessed Penalties

The Citation and Notice of Assessment includes a full description of each violation.

Violation Item	Violation Type	WAC	Correction Due Date	Penalty Amount
1-1a	Serious	296-823-11005	5/11/2013	\$4,050.00
1-1b	Serious	296-823-11010	5/11/2013	\$0.00
1-2	Serious	296-823-12005	5/11/2013	\$4,050.00
1-3	Serious	296-823-13005	5/11/2013	\$4,050.00
2-1	General	296-800-14005	5/11/2013	\$0.00
2-2	General	296-800-13020(1)	5/11/2013	\$0.00
Total assessed penalties				\$12,150.00

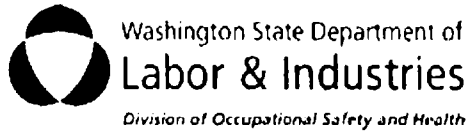
PAYMENT INFORMATION

Payment is due 15 working days from receipt of this citation.

Make check payable to the Department of Labor and Industries.

Write Inspection number 316575562 on the check and mail to:

Attn: DOSH Cashier
Department of Labor and Industries
PO Box 44835
Olympia, WA 98504-4835
Or deliver to: Any L&I office



Citation and Notice of Assessment Inspection: 316575562

UBI: 603199794

Legal Name: BAGGAGE AIRLINE GUEST SERVICES INC

DBA Name: BAGGAGE AIRLINE GUEST SERVICES

Inspection 21400 International Blvd, Ste 105 SeaTac, WA

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Message

Please be advised the workers have informed the Department that upon reporting workplace injuries, the worker is not allowed to return to work (even when released by a physician) until that employee is tested negative for drugs. Workers have experienced up to one week loss of wages as a result of reporting such injuries and waiting for drug testing results. The net result of this policy is that workers may be afraid or discouraged to report injuries because they know they will lose income for several days.

RCW 51.28.010 governs claims suppression on the part of an employer.

RCW 51.28.010 Suppression of workers' compensation claims. No employer shall engage in claim suppression by inducing employees to fail to report injuries; inducing employees to treat injuries in the course of employment as off-the-job injuries; or acting otherwise to suppress legitimate industrial insurance claims.

As a Washington employer it may be prudent to revisit the policy restricting employees from returning to work when there is no just cause for this decision. Workers may file claims suppression complaints with the Department at any time they are discouraged from reporting injuries.

Employees report being required to use their personal cell phones to contact dispatch when their PDA battery fails or dispatch does not respond to texts sent on the PDA. Many employees have pre-paid cell phone minutes and are concerned about the financial burden placed on them for providing their own communication equipment when employer equipment fails.

To resolve this concern Bags Inc could follow their existing written no phone use policy and/or provide cell phones to staff and supervisors. Additionally staff can be trained on the location and availability of land line phones around the airport and informed about the best number to call when the PDA fails.

The Department highly recommends you utilize our ergonomic consultation services. Employee expressed serious concern about injuries when pushing large passengers up the ramps at the airport. Some passengers were observed to have at least twice the body mass of workers pushing the passenger.

The Department would recommend that chest lift procedures be done using the sling provided and at least 3 or 4 workers.

Please ensure that injured workers are informed of their right to select a physician of their choice when seeking medical attention for an on the job injury. The employer may not require an injured worker to receive treatment from employer designated healthcare professionals.



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Citation and Notice of Assessment

Inspection: 316575562

NOT FOR DISTRIBUTION



Citation and Notice of Assessment

Inspection: 316575562

Violation 1 Item 1a

Violation Type: Serious

WAC 296-823-11005

The employer did not prepare a written exposure determination where wheel chair agents and supervisors may occasionally be exposed to blood or other potentially infectious materials.

Make sure the exposure determination contains:

- A list of job classifications where all employees have occupational exposure;
- A list of job classifications where some employees have occupational exposure and a description of all tasks and procedures or groups of related tasks and procedures with occupational exposure for these employees.

Exposure to blood borne pathogens and OPIM can result in HIV, HBV and HCV infections.

Correct by: 5/11/2013
Assessed penalty: \$4,050.00



Citation and Notice of Assessment

Inspection: 316575562

Violation 1 Item 1b

Violation Type: Serious

WAC 296-823-11010

The employer did not develop a written blood borne pathogen exposure control plan that included wheel chair agents and supervisors who may be occupationally exposed to blood borne pathogens or other potentially infectious materials.

WAC 296-823-11010 Develop and implement a written exposure control plan.

You must:

- * Establish a written exposure control plan designed to eliminate or minimize employee exposure in your workplace.

You must:

- * Make sure the plan contains at least the following elements:

- The exposure determination, WAC 296-823-11005
- A procedure for evaluating the circumstances surrounding exposure incidents, including documentation of the routes of exposure, and the circumstances under which the exposure incident happened

You must:

- * Document the infection control system used in your workplace to protect employees from exposure to blood or OPIM.
- Use universal precautions or other at least as effective infection control systems.
- * Other effective infection control systems include standard precautions, universal blood-body fluid precautions, and body substance isolation. These methods define all body fluids and substances as infectious. They incorporate not only the fluids and materials covered by universal precautions and this chapter, but expand coverage to include all body fluids and substances.

You must:

- * Make sure the exposure control plan is reviewed and updated:

- At least annually

AND

- Whenever necessary to:

Reflect new or modified tasks and procedures which affect occupational exposure

Reflect new or revised job classifications with occupational exposure.

Reflect changes in technology that eliminate or reduce exposure to blood borne pathogens

- * Make sure a copy of the exposure control plan is accessible at the workplace, when exposed employees are present. For example, if the plan is stored only on a computer, all exposed employees must be trained to operate the computer.

- * Make sure a copy of the plan is provided to the employee or their representative within fifteen days of their request for a copy.



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The violations above have been grouped because they involve similar or related hazards that may increase the potential for illness or injury resulting from an exposure or accident. A single penalty is applied to the first item in the group.

Correct by: 5/11/2013

Assessed penalty: Included in Violation 1 Item 1A



Citation and Notice of Assessment

Inspection: 316575562

Violation 1 Item 2

Violation Type: Serious

WAC 296-823-12005

The employer did not ensure employees who may be potentially exposed to blood or other potentially infectious material, receive annual bloodborne pathogen training.

Exposure to bloodborne pathogens and OPIM can result in HIV, HBV and HCV infections.

Correct by: 5/11/2013
Assessed penalty: \$4,050.00

Violation 1 Item 3

Violation Type: Serious

WAC 296-823-13005

The employer did not ensure that wheel chair agents and supervisors, who may occasionally come in to contact with bleeding passengers or surfaces contaminated with blood or OPIM, are provided hepatitis B vaccinations.

* Make sure that the hepatitis B vaccination series is available to all employees who have or may have occupational exposure and that it is:

- Available at no cost to the employee
- Available to the employee at a reasonable time and location
- Administered by or under the supervision of a licensed physician or by another licensed healthcare professional
- Provided according to recommendations of the United States Public Health Service that are current at the time these evaluations and procedures take place
- Available to any employee who initially declines the vaccination but later decides to accept it while they are still covered by this chapter
- Made available after the employee has received training required by this chapter and within ten working days of initial assignment.

Correct by: 5/11/2013
Assessed penalty: \$4,050.00

Citation and Notice of Assessment Inspection: 316575562

Violation 2 Item 1

Violation Type: General

WAC 296-800-14005

The employer's accident prevention / written safety program did not include policies, procedures and worker training for handling passengers and wheel chairs that have been or may be contaminated with body fluids such as vomit, urine and feces.

Note: The employer must establish specific procedures for handling such events. If clean up procedures are established and chemicals are used, the employer must develop a chemical hazard communication program and chemical specific training for workers who handle chemicals. Please review WAC 296-800-17005 for information about chemical use in the workplace.

The employer's accident prevention program did not **include** a policy or procedure for establishing a safety committee with employee elected members.

Your written program did not include information about the specific type of personal protective equipment required to handle all body fluids incidents, including blood. All employee must be informed about the specific type of PPE required for handling body fluids, how to correctly use and wear PPE, how and where to dispose of contaminated PPE and contaminated materials and hand washing requirements after removal of PPE.

You must:

* Develop a formal accident prevention program that is outlined in writing. The program must be tailored to the needs of your particular workplace or operation and to the types of hazards involved.

NOTE: The term, Accident Prevention Program, refers to your written plan to prevent accidents, illnesses, and injuries on the job. Your accident prevention program may be known as your safety and health plan, injury prevention program, or by some other name.

You must:

*** Make sure your Accident Prevention Program contains at least the following elements:

--- A safety orientation:

- A description of your total safety and health program. This must address all known and potential hazards and safe practices required on your work site. Each item must be discussed and described thoroughly in your program.

- On-the-job orientation showing employees what they need to know to perform their initial job assignments safely.

- How and when to report on-the-job injuries including instruction about the location of first-aid facilities in your workplace.

- How to report unsafe conditions and practices.

- The use and care of required personal protective equipment (PPE).

- What to do in an emergency, including how to exit the workplace.

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

--- A safety and health committee. (WAC 296-800-130.)

Correct by: 5/11/2013



Washington State Department of
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Division of Occupational Safety and Health

Citation and Notice of Assessment

Inspection: 316575562

Assessed penalty: \$0.00

12-11-2011 10:11 AM

**Citation and Notice of Assessment
Inspection: 316575562**

Violation 2 Item 2

Violation Type: General

WAC 296-800-13020(1)

The employer's safety committee did not include employee elected members.

You must:

If:

You employ 11 or more employees on the same shift at the same location.

Then:

You must establish a safety committee

(1) Establish a safety committee.

*** Make sure your committee:

- Has employee-elected and employer-selected members.
- The number of employee-elected members must equal or exceed the number of employer-selected members.
- NOTE: Employees selected by the employees bargaining representative or union qualify as employee-elected.
- The term of employee-elected members must be a maximum of one year. (There is no limit to the number of terms a representative can serve.)
- If there is an employee-elected member vacancy, a new member must be elected prior to the next scheduled meeting.
- Has an elected chairperson.
- Determines how often, when, and where, the safety committee will meet.

*****NOTE*****

* Meetings should be one hour or less, unless extended by a majority vote of the committee.

* If the committee cannot agree on the frequency of meetings, the department of labor and industries regional safety consultation representative should be consulted for recommendations.

**Correct by: 5/11/2013
Assessed penalty: \$0.00**



Hazard Correction Instructions

Inspection: 316575562

What you must do now:

- Check the correction due date(s) shown on the enclosed Hazard Correction Form. You must fully correct the hazards by these dates.

- Describe on the form how you corrected each hazard, rather than what you *intend to do* in the future.

Examples:

Right: *All staff have received the required training.*

Wrong: *All staff will receive the required training next week.*

Use attachments if you need more space. Submit additional documentation of hazard correction if requested in the citation packet.

- Fill in the date you corrected the hazard and sign.
- Post a copy of the completed form for at least three working days, or until you have corrected all violations, whichever is longer. It must be posted near the hazard location or in a place that is readily accessible by affected employees and their representatives.
- Send your completed form to the address provided.

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

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

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

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

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

For more information, contact:
Or call: (206) 515-2865

Mac Davis, Compliance Supervisor
Department of Labor and Industries
315 5th S., Ste. 200
Seattle, WA

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



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Hazard Correction Form

Inspection: 316575562

UBI: 603199794

Issued: April 8, 2013

Legal Name: BAGGAGE AIRLINE GUEST SERVICES
INC

DBA Name: BAGGAGE AIRLINE GUEST
SERVICES

Site Address: 21400 International Blvd, Ste 105, SeaTac, WA, 98198

You must complete this form and return it to: Janine Rees, Department of Labor & Industries
315 5th Ave South, Ste 200, Seattle, WA 98104
Or Fax to: (206) 515-2830

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

Violation, Item & Group#	Type of Violation	WAC# Violated	Correction Due Date
1-1a	Serious	296-823-11005	5/11/2013
How you corrected the hazard →			
Date you corrected the hazard →			
1-1b	Serious	296-823-11010	5/11/2013
How you corrected the hazard →			
Date you corrected the hazard →			
1-2	Serious	296-823-12005	5/11/2013
How you corrected the hazard →			
Date you corrected the hazard →			
1-3	Serious	296-823-13005	5/11/2013

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

Signature

Name

Title

Date

Phone No.

DOSH Reviewer's Signature

Date



Washington State Department of
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Hazard Correction Form

Inspection: 316575562

UBI: 603199794

Issued: April 8, 2013

Legal Name: BAGGAGE AIRLINE GUEST SERVICES
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DBA Name: BAGGAGE AIRLINE GUEST
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Site Address: 21400 International Blvd, Ste 105, SeaTac, WA, 98198

You must complete this form and return it to: Janine Rees, Department of Labor & Industries
315 5th Ave South, Ste 200, Seattle, WA 98104
Or Fax to: (206) 515-2830

How you corrected the hazard →			
Date you corrected the hazard →			
2-1	General	296-800-14005	5/11/2013
How you corrected the hazard →			
Date you corrected the hazard →			
2-2	General	296-800-13020(1)	5/11/2013
How you corrected the hazard →			
Date you corrected the hazard →			

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

Signature

Name

Title

Date

Phone No.

DOSH Reviewer's Signature

Date



For Employers

If you are cited for a violation of Occupational Safety and/or Health rules, you have the right to appeal the citation. **You have 15 working days from the date you receive this citation to appeal.** (RCW 49.17.140(1)) "Working day" means a calendar day, except Saturdays, Sundays and all legal state holidays. Your appeal must be in writing. It may be mailed, faxed, or personally delivered.

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

Your appeal must include:

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

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

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

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

Posting requirement:

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

For Employees or Their Representatives

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

Your appeal must include:

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

Send all appeals to:

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

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

