

CASE # C99-34-020-10

INSPECTION# 31440840c

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Entered By (Ints.) | Date

**Strategic Plans for Maryland**

- Construction (Sic 1500-1799)
- Manufacturing (NAICS 310000-330000)
- Trade, Transportation, Utilities (NAICS 220000 & 420000-490000)
- Public Sector

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Entered By (Ints.) | Date

**Local Emphasis Programs for Maryland (LEP's)**

- Fall Hazards in Construction
- Struck by/Crushed by Hazards in Construction
- Electrical Hazards in Construction
- High Hazard Industries in Maryland FFY 2010
- Accident

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Entered By (Ints.) | Date

**National Emphasis Programs (NEP's)**

- AMPUTATE-Reducing Machine Hazards Leading to Amputations
- DI2009NR-FY2009 Data Initiative Non-Responders
- DUSTEXPL-Combustible Dust
- FIELDSAN-Field Sanitation
- LEAD-Potential Exposure to Lead in All Industries
- NURSING-Insp. in Nursing and Personal Care Facilities
- PETRO-Petro Chemical
- POULTRY-Compliance Insps in Poultry Processing Industry
- PSMPQV-Process Safety Management
- REFINERY-PSM Insps./Visits Haz Chem-Petrochem Refineries
- SILICA-Insp. Presence of Crystalline Silica/Silicates
- SSTARG10-Year 2011 Site Specific Insp. Targeting Plan
- TRENCH-Trenching and Excavation

**Last Updated 09/24/10**

Copy in case

Copy to Supervisors

CASE# C9954-02010 INSPECTION# 314408402

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OSHA – 1 Field 42: Optional Information Codes

Entered By (Ints)/ Date

**National Codes – Applicable to MOSH**

*Note: These codes are most often or most likely to be used, however there are other codes which may apply*

- |                |   |
|----------------|---|
| N-01           | Multi Employer Inspection Number                              |
| N-02-ABRASIVE  | Silica related abrasive blasting activities                   |
| N-02-BLOOD     | Blood Borne Pathogen Related Inspection                       |
| N-06-#####     | Programmed Construction Targeting (Enter Dodge Number)        |
| N-10-IMMLANG-Y | Immigrant and or Hispanic worker was involved in accident     |
| N-10-IMMLANG-N | Immigrant and or Hispanic worker was NOT involved in accident |
| N-11-PORTLAND  | Construction Sites Where Portland Cement in Use               |
| N-14-FOCUS,C,# | Focused – Main Contractor & No. of Contractors                |
| N-14-FOCUS,S   | Focused – Subcontractor Issued a Citation                     |
| N-16-ASBESTOS  | Asbestos Involved Inspection                                  |
| N-16-COMTOWER  | Communication Tower Construction Inspection                   |
| N-16-FORM      | Formaldehyde Involved Inspection                              |
| N-16-LEAD      | Lead Involved Inspection                                      |
| N-16-PWRPRESS  | Mechanical Power Press Related Inspection                     |
| N-16-RESCON    | Construction of Low Rise Residents (4 or fewer floors)        |
| N-16-SINGFAM   | Construction of Single Family Houses                          |

**State Codes Currently In Use**

*Type ID Optional Information*

S	05	Enter email address of company <b>OR</b> if email address is not available enter <b>Email NONE</b> <i>jlewandow@mdta.state.md.us</i>
S	06	Enter month & year case was <b>transmitted</b> . Example: <del>October 2009</del> <i>December 2010</i>
S	09	Original Case Number for follow-up Inspection
S	10	Final Order Date
S	13	<b>Crane NIC</b> for new crane related regulations
S	13	<b>Crane IC</b> for a crane related inspection with no violations of the new crane related regulations
<i>The S-15 Code is for smoking in an enclosed workplace or not posting an enclosed workplace</i>		
S	15	<b>NIC Letter</b> for 1 <sup>st</sup> offenders
S	15	<b>NIC</b> for repeat offenders
S	15	<b>IC Unprogrammed</b> for smoking/posting related complaints/referrals

Last Updated 09/24/10

## Legal Name Verification

From: **Cristina Campbell**

Date: **08/06/10**

Case #: **C9954-020-10**

Inspection #: **314408402**

- Employer completed legal name verification form (attached)
- Charter Services (attached)  
Through the state of Maryland
- Business License (attached)
- Phone call to the company:  
Company Officer Name: **Joseph Lewandowski**  
Title: **Chief, Office of Risk Management**  
Legal Name Given: **Maryland Transportation Authority**
- Other (explain):

Explain any discrepancies/reconciliations:

Name Card/ Letterhead:



Maryland Occupational Safety & Health  
1131 Belair Rd, LL1  
Bel Air, MD 21014  
Fax: (410) 803-8652

In order for our records to be accurate, this form must be filled out completely, signed, and returned to our office no later than 24 hours from time of receipt. Use the fax number or the address listed above.

Legal Name of Company: Maryland Transportation Authority Fort McHenry Tunnel Maintenance  
(Include correct grammar, abbreviations, and capitalization)

Mailing Address: 4000 Leland Ave.  
Balto., Md. 21224

Street Address (if different from above): Same

Telephone #: (410) 537-1268  
Fax # (410) 537-1271  
Email address (no web pages please): \_\_\_\_\_

Federal Tax ID # or SSN if none: 52 000 1005

Total # of Employees Company wide: 1685 Total Authority Employees

The company is a:  Md. State Agency  
 Corporation  
(Check only One)  Partnership (Please list names and addresses on separate paper)  
 Sole Owner: \_\_\_\_\_ (name)

If the following box is checked please submit the following:  
 - Log 300 (Log of Injuries and Illnesses) Form for the last three full years and the current year's partial list.

I, Joseph M. Lewandowski, certify that the above information is true and correct to the best of my knowledge.

Joseph M. Lewandowski Signature      Chief Risk Title, Management      8-6-10 Date



# Inspection Report

Thu Dec 16, 2010 1:50PM

Rpt ID	Assignment Nr.	CSHO ID	Supervisor ID	Inspection Nr.	Opt. Insp. Nr.
0352420	903171239	C9954	V8744	314408402	02010

Establishment Name		Maryland Transportation Authority			
Site Address	Fort McHenry Tunnel Maintenance 4000 Leland Ave. Baltimore, MD 21224	Site Phone	(410) 537-1268	Site Fax	(410) 537-1271
		Other			
Mailing Address	303 Authority Drive Baltimore, MD 21222	Mail Phone	(410) 537-7650	Mail Fax	(410) 537-7652
		Other			
Controlling Corp	State of Maryland	Employer ID	52-0001005		
Ownership	C. State Government	City	0050	County	510
Legal Entity	Previous Activity (State Only)				

Related Activity					
Type	Number	Satisfied	Type	Number	Satisfied
R. Referral	202808515	Health			

Employed in Establishment	65	Advance Notice?	No	Category	H. Health
Covered By Inspection	3	Union?	No		
Controlled By Employer	60000	Walkaround?	No	Interviewed?	Yes

SIC Inspected		Primary SIC	9621	Secondary SIC	
NAICS Inspected		Primary NAICS	926120	Secondary NAICS	

Inspection Type	C. Referral	Reason No Inspection	
Scope of Inspection	B. Partial Inspection		
Classification			
National Emphasis			
Local Emphasis			
Strategic Initiatives			

Anticipatory Warrant Served?	No	Denial Date	Date ReEntered	Date ReDenied	ReEntered
Anticipatory Subpoena Served?	No				

Entry	08/05/2010	01:45 PM	First Closing Conference	12/16/2010	01:00 PM
Opening Conference	08/05/2010	02:00 PM	Second Closing Conference		
Walkaround	08/05/2010	02:15 PM	Exit	11/30/2010	10:45 AM
Days On Site	3		Case Closed	X	
			No Citations Issued	X	

Type	ID	Optional Information



# Inspection Narrative

Thu Dec 16, 2010 1:50PM

Inspection Nr.	314408402
Opt. Case Number	02010

Establishment Name	Maryland Transportation Authority		
Legal Entity	Public Sector	Type of Business	Transportation Administration

Additional Citation Mailing Addresses	

Organized Employee Groups	

Union Representatives	

Authorized Employee Representatives	

Employer Representatives Contacted						
Name	Title	Credentials Presented	Closing Conference	Opening Conference	Other Management Duties	Walk Around?
Joe Lewandowski	Chief, Office Of Risk Management	Yes	Yes	No		No
Troy Palmer	Safety Management Representative	Yes	Yes	Yes		Yes
Jeff Robson	Skilled Trade Specialist Supervisor	Yes	No	Yes		Yes
Shawn Schmelzer	Environmental Analyst	Yes	Yes	Yes		Yes
Paul Truntich	Environmental Manager	Yes	No	No		No

Employees Interviewed	

Other Persons Contacted	
Scott Beierwaltes Aircycle Corporation 2200 Ogden Avenue Suite 100 Lisle, IL 60532 Voice: (708) 223-1038 Cell: (708) 539-4342	

Entry	08/05/2010	01:45 PM	First Closing Conference	12/16/2010	01:00 PM
Opening Conference	08/05/2010	02:00 PM	Second Closing Conference		
Walkaround	08/05/2010	02:15 PM	Exit	11/30/2010	10:45 AM
			Case Closed	×	

Followup Inspection?	NO	Reason	In Compliance
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Coverage Information/Additional Comments

**SAFETY NARRATIVE**

Inspection Number	314408402
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**COVERAGE INFORMATION:**

The Maryland Transportation Authority (MdTA) is a department within the State of Maryland Department of Transportation (MDOT) agency that is responsible for managing, operating, and improving the State's toll facilities including a turnpike, two tunnels, and four bridges.

**NATURE AND SCOPE**

Check Applicable Boxes and Explain Findings:

Complaint Items

- Referral Items
- Accident Investigation Summary & Findings
- LEP
- Planned Inspection
- Follow-up Inspection

**NATURE AND SCOPE -- UNUSUAL CIRCUMSTANCES**(Mark X and explain all that apply:)

- None
- Denial of entry (see denial memo)
- Delays in conducting the inspection
- Strikes
- Jurisdictional Issues
- Trade Secrets
- Other

Comments:

**OPENING CONFERENCE NOTES:**

All aspects of the opening conference were discussed with no objections noted.



**PENALTY ADJUSTMENT CALCULATION**

**1. HISTORY ADJUSTMENT:**

Place "x" in correct box

- A. Initial inspection/no previous employer history/previous inspections in compliance or only OTS violations cited..... 

-	0
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- B. Previous inspection not in compliance with serious hazards, cited more than 36 months from this inspection (issuance to closing)..... 

X	5
---	---
- C. All other scenarios of noncompliant activity..... 

-	0
---	---

**2. SIZE ADJUSTMENT:**

- 1- 25 employees..... 

-	0
---	---
- 26-100 employees..... 

-	0
---	---
- 101-250 employees..... 

-	0
---	---
- 251 or more employees..... 

X	0
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**3. GOOD FAITH CALCULATIONS:**

**A. Safety and Health Program and Training Program.**

Does the employer have a formal safety and health program and training program that:

Y= Yes N= No

- 1. Is in writing?..... 

Y	0
---	---
- 2. Provides for management commitment and employee involvement?..... 

Y	0
---	---
- 3. Provides for worksite analysis and hazard identification?..... 

Y	0
---	---
- 4. Provides for hazard prevention and control?..... 

Y	0
---	---
- 5. Provides appropriate training/instructions for hazards of work being done?..... 

Y	0
---	---
- 6. Has deficiencies that are only incidental?..... 

Y	0
---	---
- B. **Employer's Injury and Illness Experience.** Has the employer experienced any injuries or illnesses?..... 

Y	5
---	---
- C. **Supervision, Employer Concern and Knowledge.** Did the employer demonstrate an appropriate level of supervision, concern and knowledge about safety and health requirements?..... 

Y	0
---	---
- D. **Increased Awareness of Violation.** Is there any indication that the employer acted voluntarily with either intentional disregard of the standard or plain indifference to its safety obligations?..... 

N	0
---	---
- E. **Abatement.** Did the employer abate or mitigate most of the alleged violations..... 

Y	0
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