US Department of Labor Occupational Safety and Health Administration

Un-programmed Activity

Company:		UPA Location:	UPA number:	
Charleston A	rea Medical	Charleston	1695010	
Center				
DATE:	ACTION:			INITIALS:
11/27/2020	invalid	aint, contacted complainant;		(b) (7)(C)
11/27/20	CSHO(b) (7)(C)	was in contact with the composition of the composit	plainant,	
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U.S. Department of Labor

Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

November 27, 2020 9:45 AM

Complaint Number			1695010			
Establishment Name / DBA	Charleston Area Medical Center, Inc. CAMC Memorial Hospital					
Site Address	3200 MacCorkle Avenue CHARLESTON, WV 25304					
	Site Phone	(304) 388-5432	Site FAX	(304) 388-8891		
Mailing Address	3200 MacCorkle Avenue Charleston, WV 25304					
Management Official			Phone	1		
Type of Business	Hospital					
Ownership	Private Sector		Site Activity NAICS	622110 -General Medical and Surgical Hospitals		

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.

Complainant is worried that their repairs to equipment or inspections are not adequate and will cause the machine to malfunction and harm a patient.

Source Information 1					
Source Type	Employee	If Other, Specify			
Complaint Name (b) (7)(C)		Phone	(b) (7)(C)		
Complaint Address		(b) (7)	(C)		
Complaint E-mail Addre	ess				
Send UPA Results?	No	Reason if no UPA results sent	invalid complaint		
Signature		Date			
Organization Name		Title			

OFFICIAL USE ONLY:

RID	0316400	Complaint Closed? No	

Receipt Information					
Received By	(b) (7)(C) Receipt Date		11/27/2020	CSHO Assigned	Sup Assigned
	Receipt Time	08:45 AM	(b) (7)(C)		
Receipt Type	Online		Electronic Complaint Number	32453292	

Complaint Evaluation					
Formality	Subject	Severity	Discrimination		
Nonformal	Safety	Other	No		
	Health	K020			
# Alleged Hazards	1	# Employees Exposed	1		

Complaint Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other - Status
11/27/2020	Valid = N			hazards do not exist	

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

Transfer Information				
Transfer to Category	Transfer To OSHA RID			
Transfer Date	Transfer to Name			

Program Information					
National Emphasis					
Local/State-Emphasis					
State Strategic Initiatives					
State Strategic initiatives					

Additional Codes					
Code Type	Code ID	Code Value	Code Description		