

Este documento es muy importante. Si usted no habla inglés, busque un traductor o llame al (817) 428-2470.

U.S. Department of Labor Occupational Safety and Health Administration
8713 Airport Freeway Suite 302
Fort Worth, TX 76180
Phone: (817) 428-2470 Fax: (817) 581-7723



March 11, 2016

Dear Michael Fouraker,

On 03/04/2016, an OSHA compliance officer met with you or your representative as part of an inspection at 1989 COLONIAL PARKWAY Fort Worth, TX 76110. This letter includes the citations for the violations that were found (see summary below). Please choose one of the three options from the box to the right and complete the associated steps found on the following page **within 15 working days**. Please call us if you have any questions about the enclosed citation and/or penalties; we are here to help you choose the best option to resolve your citation as quickly as possible.

Sincerely,

Jack A. Reeder, Area Director

Your Citation Summary

FORT WORTH ZOO
Inspection Number: 1130091

Total Amount Due: \$12500.00
Payment Due Date: 15 working days
after receipt of
this letter

You must correct each violation by the date listed in the Citation and Notification of Penalty. Please see the violations and the correction deadline for each violation starting on page 6.

Total Number of Violations : 2
Your First Correction Deadline is:
04/01/2016

Step 1 – Choose a Response Option and Act within 15 working days

Respond now before you lose the ability to discuss potential adjustments to penalty amounts and/or due dates. Please choose one option below and complete the steps on the next page.

Option #1 – Correct and Pay

I agree with the citation and correction deadlines, and do not contest.

Expedited Informal Settlement Agreement (EISA)

Because you have acted in good faith and your inspection revealed no instances of repeat, willful or other high-gravity violations, we can offer to reduce your penalty.

Your **REDUCED** total penalty is:
\$ 7500

This is a reduction of **40%**.

Option #2 – Discuss with OSHA

I would like to discuss this citation with an OSHA representative. This may lead to changes in the penalty amount, due date and/or correction deadlines (if appropriate).

Option #3 – Contest the Citation

I do not agree with the citation, penalties, and/or correction deadlines, and would like to contest.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 1130091
Inspection Date(s): 03/04/2016 - 03/10/2016
Issuance Date: 03/11/2016



Citation and Notification of Penalty

Company Name: FORT WORTH ZOO
Inspection Site: 1989 COLONIAL PARKWAY, Fort Worth, TX 76110

Citation 1 Item 1 Type of Violation: **Serious**

OSH ACT of 1970 Section (5)(a)(1): The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees where employees were exposed to hazards such as, but not limited to, struck-by, caught-in-between and impalement while working with wild animals:

On or about September 14, 2015, and times prior thereto, the employer did not protect employees from the hazards of being struck-by, caught-in-between and impalement while working with elephants.

Among other methods, feasible and acceptable means of abatement would be to ensure that all employees are properly trained in and follow the Association of Zoos & Aquariums (AZA) Standards for Elephant Management and Care which includes the use of protective barriers.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:
Proposed Penalty:

04/01/2016
\$7000.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 1130091
Inspection Date(s): 03/04/2016 - 03/10/2016
Issuance Date: 03/11/2016



Citation and Notification of Penalty

Company Name: FORT WORTH ZOO
Inspection Site: 1989 COLONIAL PARKWAY, Fort Worth, TX 76110

Citation 2 Item 1 Type of Violation: **Other-than-Serious**

29 CFR 1904.39(a)(2): The employer did not report an in-patient hospitalization, amputation, or loss of an eye as a result of a work-related incident to OSHA within twenty-four (24) hours.

On or about September 14, 2015, the employer failed to report to OSHA a work-related hospitalization prior to the elapse of the 24 hour reporting period of the incident.

Date By Which Violation Must be Abated:
Proposed Penalty:

03/18/2016
\$5500.00



Jack A. Rector
Area Director

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.